BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

exormine

MPORTANT: If Item 21 is morked at Item 18 shows any injury, or other troumatic event, the medical

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)	4	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST HERI	best Curtis	A	dison	MARCH	29 /	982	26 HOUR
	3. SE)		4. RACE White	5 DATE O	DAY 1928	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1.4.4		RTHPLACE ISTATE OF FOREIGN TOUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	MD
	5	YKesville	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	rawbi	idae TERRARE	12a USUAL OCCUPATION OF OF WORK FOR MOST OF	F WORKING LIFE)	IZE KIND OF	5. Co.
5	13a. S	TATE Md. 136 CAR	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136 CITY OR TOV ROLL SUKESU		YES NO	130. STREET ADDRESS	Strawbi	rielae	TERRAL
E		FRANK	Addisor	1	LUCINA	A	DA	Uis	
			MED FORCES? 166 SOCIAL SECTION OF THE PROPERTY	URITY NO.	Betty Ada	dison S	ykesvi	lle.	md.
		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), or D BY Cardiac TE CAUSE (o)	arrest	, ASHD, pessil	ble corona	y	per	MATE INTERVAL INSET AND DEATH
		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEOU	is, di	abetes mellitu	us, periphe	eral		
		couse (a), stating the underlying couse last.	(6)		logy undeterm				
	NOL		conditions <u>contributing to</u>			nal disease or con	DITION GIVEN I	N PART 110	
2	RTIFICA	19a DATE OF OPERATION	196 CONDITION FOR WHICH	1 OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYING	G CAUSES	
7	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1	ORPART 2)	VANA
1	MEDI	21d. INJURY OCCURRED  WHILE ON WHILE OF WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE.		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
			ottended the deceased from 19	82, or	nd that in (my) (****) opinion de	eoth occurred on the de	. 19_		hat (I) (we) last ouses stated
	ř	226. SIGNATURE	E fall "		ATTENDING PHYSICIAN	MEDICAL STAI	F IAN []	22c DATE S	9-82
		Howard E. Hal			PO Box 318	Sykesvil:	le, Md.	21784	
	(	URIAL, CREMATION, REMOVAL	23b DATE 23c 9-1-82 0	MAME OF C	in lemiting	Sylvaria	le Co	MAL	Mid.
	24 FU	HAME YU. Hai	ght Sykiovil	L,	Md. VO DATE	AR 31 198	25b. REGISTRAR	SSIGNATU	JRE W.T.

and the state of t Exell Aller Levine Levine at out of the second THE RESERVE OF THE PARTY OF THE PARTY.

(	1.	FOR - STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAI CERTIFICATE OF DEATH	HYGIENE 8 2	7038
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
h 3	1717	Ethel	M.	Alban	March 3, 1982	1:30p
24)	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
(IA)		F	CAUC	10 - 20 - 41		
# 70 E	Ta B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
dear hin 7		Balto. Coalle	u.SA.	WIDOWED DIVORCED	O CARROLL	
offer differ	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS (
in by	N	1 Anchester	Long View		Housewife	
filled in audd be	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	IIY I3c. CITY O	R TOWN		1 2/
show	14 5	ATHER'S NAME	Rnoll m	Anchester YES NO NO		lev Ild.
and 2 sh			MIDDLE		ce Re 4 MIDDLE	Cox
	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? LIAN SOCIA	L SECURITY NO. 17. INFORMANT	ADDRESS	CON
Pages medical		YES, NO OR UNKNOWN) (IF YES, GIV		- hu-22h1 Staling	n/600 Bex 3669	BASIEL Rd.
ficate be physician papers. P naval.	-	18 CAUSE OF DEATH (Enter on		- Bleater	17/10/11 MAuches	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
juires that the death of signed by the attendition please remove car a burial, cremation, or jury, or ather traumati	7	Canditians, if any, which gave rise to immediate cause to, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	REBRO - VASCULME ISEQUENCE OF AT NEROSCLER G TO DEATH BUT NOT RELATED TO THE	LOTIC MEART DISEM	
e c = € .⊆	<u>ē</u>	CHRON	,		ECTION	
The law rician.  Ite has been sit permit.  Giene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
Z Sylva Da T 81		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONT		CCURRED (ENTER NATURE OF INJURY IN ITEM TE	PART I OR PART 2)
SICIAN: ng physicertifical urial-tran lental Hy ltem 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	) P.M.	19		
I S E I O	MED	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)  21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
IT of the		AT WORK		2/2/82	33/82	
50 60		220.1 certify that (I) (this haspi saw the deceased alive an	tal) attended the deceased	19 and that in (my) (aur) an	inian death accurred an the date and he	, 19, that (I) (we) I
		above, (I) (we) (did) (did na 22b. SIGNATURE	t) view the bady after death.	DEGREE	and a second of the date and the	22c DATE SIGNED
O e O to I		Morio	NAC	ATTENDI	NG MEDICAL STAFF	3.3.82
by by Stot	-	22d PHYSICIAN'S NAMED WAR	STRINI)	PHYSICI.	AN DIRECTOR PHYSICIAN	0 0.02
TO HOSPITAL retained by th TO FUNERAL should be dete with the State		SN MAR	TARIA		IN STREET, MAN	CHESTER MN. 21
IMP With	23n	BURIAL, CREMATION, REMOVAL	1236. DATE	23c. NAME OF CEMETERY OR CREMAT		
BP		Burial	3/6/82	Hampstead Cemet		Garroll "M
	24 F	UNERAL DIRECTOR	1	250	MANECO BY REGISTRAR 256 RES	
DHMH-16 30M 2/80 (VRA 15, 4)		Eline Funeral H	ome Hampste	ead, Md.	-	- 480

MODELE STATE OF THE STATE OF TH CISS-II-POS L. I'm Langue Waster Langue Elina . Disconsister of the contract of the contract

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

20. DATE OF DEATH

90

6. AGE (IN YEARS LAST BIRTHDAY)

120 USUAL OCCUPATION

2h HOUR HOURS

George	Alkamong
CE	5. DATE OF BIRTH
White	Dec. 26, 1891

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

7b. CITIZEN OF WHAT COUNTRY?

U.S.A.

MARRIED NEVER MARRIED WIDOWEDX DIVORCED

13d. INSIDE CITY LIMITS?

Olive

**BALTIMORE CITY OR COUNTY OF DEATH** Carroll County

5603 Manor Drive

12b. KIND OF BUSINESS OR Self-Employed Retail

10 CITY OR TOWN OF DEATH Westminster

TO BIRTHPLACE (STATE OR FOREIGN

West Virginia

Westminster Nursing & Conval Ctr. USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13c CITY OR TOWN

> NOT 15. MOTHER'S MAIDEN NAME

MIDDLE

Booth

21797

14. FATHER'S NAME Edward

NO OR UNKNOWN)

Maryland

FOR

- STATE

TYPE OR PRINT)

3. SEX

REGISTRAR

Male

allmond

Carroll

Everett

DECEASED NAME

Allamong 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

16h SOCIAL SECURITY NO 265.09.9231

Westminster

17 INFORMANT

13e. STREET ADDRESS

Ramona Lee Iden (Same as 13e)

DART I DEATH WAS CALISE	ly one couse per line for (a), (b), and (c).) DBY: E CAUSE (a)  Les Martine Faulume	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Alexandra
4659 Conditions, if dny, which	DUE TO, OR AS A CONSEQUENCE OF URT.	10dgs.
gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	

19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MONTH

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

HOUR A.M.

NOX

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

DAY YEAR

19

211 LOCATION

22e ADDRESS

CITY OR TOWN

COUNTY STATE

22a. I certify that (1) (this hospital) attended the deceased from 226. SIGNATURE

Cremation

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

22d PHYSICIAN'S NAME (TYPE OR PRINT)

21d. INJURY OCCURRED

23a. BURIAL, CREMATION, REMOVAL

sow the deceased alive on above (D) we (did) did not) view the body after death

DEGREE

ATTENDING PHYSICIAN DIRECTOR | PHYSICIAN |

MEDICAL STAFF

and that in (my) your) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

William R. O'Rourke, M.D.

231. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

23d. LOCATION Baltimore

24 FUNERAL DIRECTOR

CERTIFICATION

S

80

Hem

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+

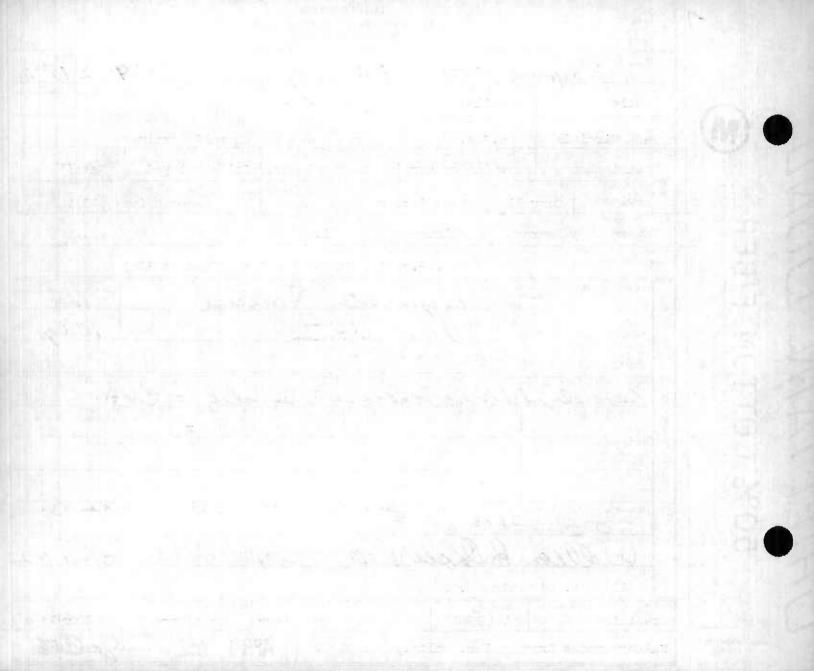
MPORTANT

Walter Brooks Bradley Inc. Barto., Md. 21222

3/30/1982

23b. DATE

DHMH-16 30M 2/80 (VRA 15, 4)



Charles W. Burrier, Jr., Sykesville, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

126 KIND OF BUSINESS OR

numi

NO F

STATE

COUNTY

REGISTRAR 256 REGISTRAR S SIGNATURE

22c. DATE SIGNED

IF UNDER I YEAR

INDUSTRY

Shipley

IF LINDER 24 HRS

BP. DHMH-16 30M 2/80

(VRA 15, 4)

Barnes, X

FOR

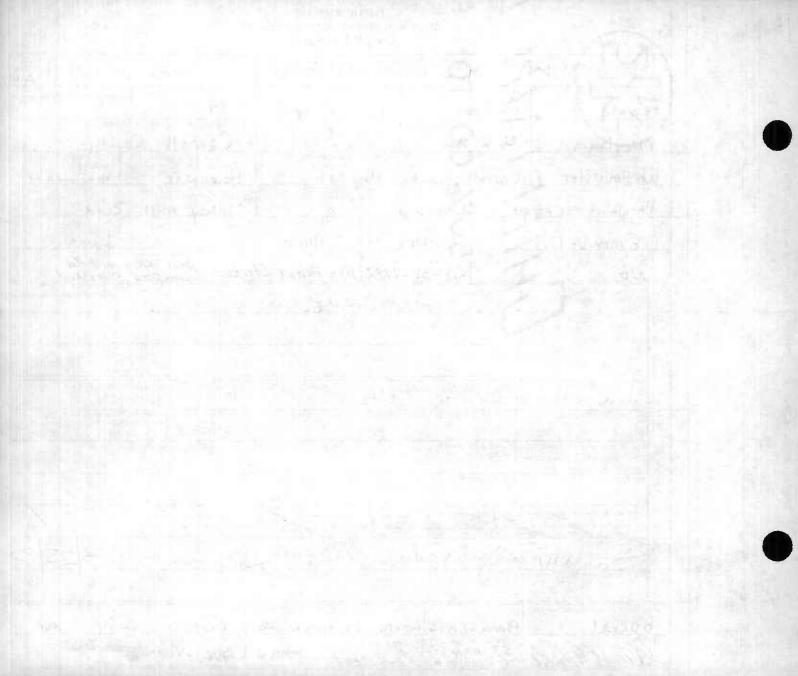
REGISTRAR

24 FUNERAL DIRECTOR

- STATE

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	1	FOR STATE REGISTRAR		DEPARTM	MENT OF HE	DF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	SIENE SEG. NO	0 7 0	41
may be poge 3	(TY	ECEASED NAME DE OR PRINT)	ORA N	WIDDLE	BOR	STHER	20. DATE OF DEATH	MONIH DAY YEAR 3 25 82	26 HOURS
Poge 4 mc	3 S	emale	4. RACE white		5. DATE OF	5, 1892	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS	
deoth. Po	5	SIRTHPLACE (STATE OR FO COUNTRY) Mary land	U. S.	A .	WIDOWED		P BALTIMORE CITY O	County	
of the control of the	0 10.0	Westmin ster	(IF NOT IN SU	HOSPITAL, NURSING UCH FACILITY, GIVE STREET A		other institution	120 USUAL OCCUPATION OF OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS
filled nould be not a second be not a	# 13a	DAL RESIDENCE (IF NURSII STATE	NG HOME OF OTHER INSTITUTION 136 COUNTY  CACCOLL	130 CITY OR TOWN	N II	34 INSIDE CITY LIMITS?	130 STREET ADDRESS	Mill Road	
ompletely and 2 sh	4	ATHER'S NAME FIRST  MANUE	WIDDLE	Haines		5. MOTHER'S MAIDEN NA ALICE	ME MIDDLE		AST
n and co Pages 1	160	WAS DECEASED EVER I	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	218-38-	RITY NO. 1	7. INFORMANT Mrs Arlene S	ferver 100	STRACY MILL P COOPE MARY	ed
eignes that the death c signed by the attendir hen please remove corf to burial, cremation, or iury, or other traumati	Z	1 1 1 1	which (b) dedicte (b) DUE TO, Co DIFICANT CONDITIONS C	DR AS A CONSEQUE	NCE OF	OT RELATED TO THE TERM	ninal disease or coni	DITION GIVEN IN PART I	l (a-
n. hos been permit. T ne prior	CERTIFICATION	190 DATE OF OPERAT	ION 19b. CONE	DITION FOR WHICH			200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [	S OF DEATH?
G PHYSICIAN: The physicial physicial physicial physicial certhicate is the buriel-transit ond Mental Hygician ked or them 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CO. (IF EITHER NOTIFY MEDIC  21d INJURY OCCURRING WHILE NOTIFY AT WORK AT WORK	AUSE OF DEATH HOUR A AL EXAMINER) P  21e. PLACE	OF INJURY  A.M. MONTH DA  P.M.  OF INJURY  TREET, FACTORY, OFFICE, FA	AY YEAR	21c. HOW INJURY OCCUR 211. LOCATION STREET	RED (ENTER NATURE OF INJUS		STAT
L OR ATTENDING the hospital or c the hospital or c stached for use os te Dept. of Health : if them 21 is mort		22a.1 certify that (1) (	this hospital) attended to display and display the bad	1-	D.	that in (my) for apinion  GREE ATTENDING PHYSICIAN  THE ADDRESS	death accurred on the do	22c. DAT	1
TO HOSPITA retained by TO FUNERA should be do with the Stori	230	BURIAL, CREMATION, F	and the same of th			METERY OR CREMATORY	23d LOCATION CITY OR TOWN LINE COPO	CASOUITY	Mel
DHMH - 16 50M 1/81 (VRA 15, 4)	24	UNERAL DIRECTOR	GEIDI	AIN STOPRESS	tome	25a. DAI	E REC'D. BY REGISTRAN	and the same of th	TURE.

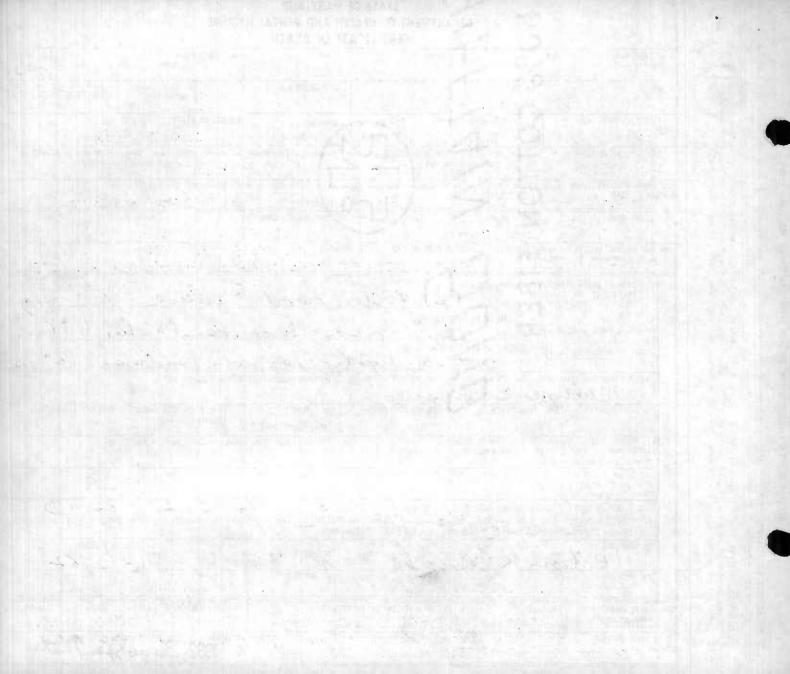


DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Doris Brill 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX last birthday) DAYS HOURS 03/17/21 Cauc. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔽 NEVER MARRIED Mary land U.S.A. Carroll County WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address Marianna Avenue during most of working life, even if retired.)

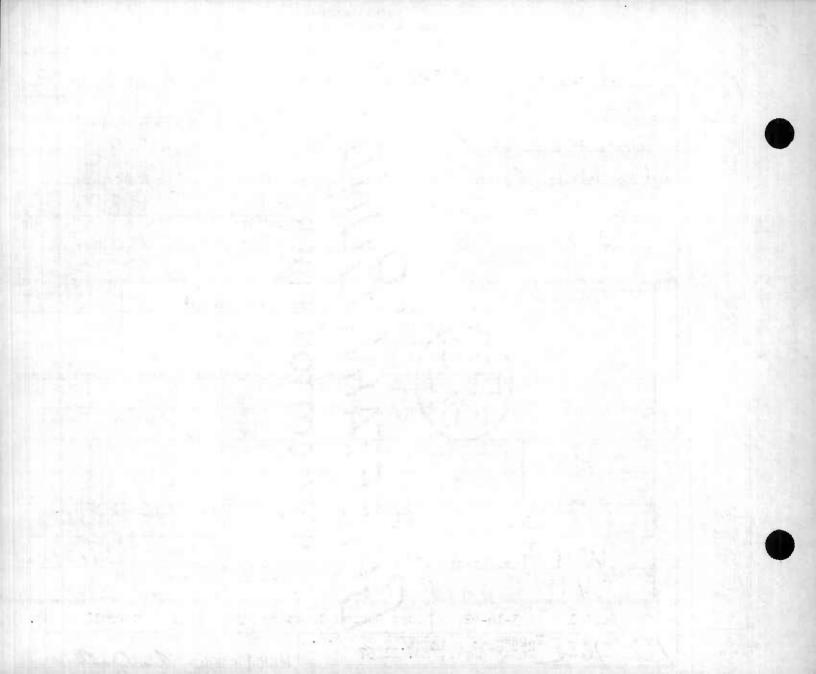
HOME MOKEY **INDUSTRY** DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Westminster 3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Mary Land 13b. COUNTY Carro ZZ Westminster 3620 Marianna Avenue 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Aaron Eulalia Jolley George 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Mr. William B. Bri TAddress (Yes, no, or unknown) 214-14-9673 3620 Marianna Avenue Westminster. MD. 27757 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (1) Obstructine Uronethy PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) burial-transit permit. 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🗌 burial, 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natity medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 7/8, 1972, ta 3/2, 1982, that (I)(we) last saw the deceased alive an above 1982, and that ir (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNAJURE DIRECTOR ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) William R. O'Rourke, M.D. 150 W. Main Street pe shauld 23c. NAME OF CEMETERY OR CREMATORY WEST 123d. LOCATION (City of Town) 23o. BURIAL, CREMATION, 23b. DATE (Stote) (County) Druid Ridge Cemetery 3-5-82 Pikesville, Baltimore MD. 24. FUNERAL DIRECTOR Loring Byers Funera admirectors, Inc. 2Sa. REC'D BY REGISTRAR DHMH-16 1/71 30M 8728 Liberty Road Randallstown, MD. 21133

(VR A15 (4))

STATE OF MARYLAND



C 100



1	3 8	,	FOR Items STATE Film#G REGISTRAR	21a. t	hru 21f	EPARTMENT OF	HEALTH	AND MENT	AL HYGIE	NE 2	0	700	1 52
)	1 ~	-	A	T	-27-02MED	ICAL EXAMI	NER'S C	ERTIFICA	TE OF DE	ATH R	EG. NO.		
	-		CEASED NAME	FIRST		MIDDLE	2	LAST		20. DATE KNO		DAY YEAR	Zb. HOUR
	26000			HIR	LEY	C .	13	KYA	WI	OF EST DEATH MAT	ED 141	12 11 10 82	22pm
	HERSE!	3. SEX	4 RAC	CE S	S. DATE OF BIRTH	YEAR LAST BIRTH	DAY) MONTH		URS MIN	PRONOUNCED	HTMOM	DAY YEAR	2d. HOUR_
	A TOTAL OF	70 BIS	THIE WI		Dec. 17,		YRS. 2	24		9. BALTIMORE	CITY OF COUR	1/ 1952	- 13 pm
	SHEET T	FOI	ennessee		U.S.		MARRII WIDOW	ED NEVER	MARRIED [	C 10 10 10 10 10 10 10 10 10 10 10 10 10	11 Co.	TI OF DEATH	
-	ZZ~2>		TY OR TOWN OF DE		11. NAME OF HOSE	PITAL, NURSING HOA	AE, OR OTH		J 112n US	SUAL OCCUPATIO	N TTYPE OF WORK	12b. KIND OF B	JSINESS
	本の言語の		loodbine	1		Wood bin		•	La	aborer-(	Constr	uction	RY
21201	19 19 35 35 A 19 19 19 19 19 19 19 19 19 19 19 19 19		L RESIDENCE (IF IN NI IATE L ryland	13b COUNTY	other institution, giv	E RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Woodbin		13d. INSIDE CITY LIE	MITS? 130. ST	REET ADDRESS HOODS I	Mill Ro	d.	
D. 21	H. 3.	-	THER'S NAME		MIDDLE	LACY		15. MOTHER'S	MAIDEN NAM				
E, M	OF PROPERTY OF THE PROPERTY OF		William		В	ryant	1075	Ves	sta	WIDDLE		Johnson	1
BALTIMORE		16a. W	AS DECEASED EVER	(IF YES, GIVE W	ED FORCES?	166. SOCIAL SECUR		17. INFORMAN			THE Ner	w Winds	or Rd
ALTIN	URS AFTER		No			404-14-	3440	Daymon	n S. I	Bryant,	Sr., No	ew Wind	sor,
ST., B	HOUR A 18. V AG W VE, DI		PART I DEATH V	VAS CAUSED I	BY:	for (a), (b), and (c).)	NE	CH	11/21-	(HEA	D TWS	APPROXIMA BETWEEN ONS	E INTERVAL ET AND DEATH
ON	A 24 ALONALOP PER rGIEN	7	8059	MMEDIATE		AS A CONSEQUENCE		71	V	11.5	U J NYJI		
PRESTON	VITHIII VER VISI		Conditions, if		(b)								
₹	CUTED WITH  IN PENCIL  EXAMINE  URIAL-TRAN  OR REMO  V. OR REMO		couse (a) statin lying cause last	g the <u>under</u> -	< ' /	AS A CONSEQUENCE	E OF			200	ALC:	-	100
301	ECUTE IN P. EX.				(c)			1-1-1					
ORDS	SE EXI	Z	PART 2 OTHER SIGNIFICA	NT CONDITIONS <u>CO</u>	INTRIBUTING TO OEATH B	UT NOT RELATED TO THE TEI	RMINAL DISEASE	OR CONDITION GIVE	EN IN PART 1 (a).				
REC	SEA A A SE	1 =											
Z		1	190. DATE OF OPER	ATION	196. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED	)?			20. AUTOPSY	?
===	SHOU CHIEF E USE OF H	TIFICAL	190. DATE OF OPER	ATION	196. CONDIT	ION FOR WHICH OPE	ERATION W	AS PERFORMED	)?				, NO []
OF VII	THE CHILD BE WEINT CHILD BURING	CERTIFICATION	210 EXTERNAL CAU	JSE WAS	21b. TIME OF HQUR ★.M.	INJURY	21c. HC	OW INJURY OC	CURRED (ENTE	R NATURE OF INJURY IN	ITEM 18 PART 1 OR P	YES 🗌	
ION OF VII	THE CHILD BE WEINT CHILD BURING		210 EXTERNAL CAL UNDERLYING 🛣 CONTRIBUTING 🗌	JSE WAS OR CAUSE OF DE	21b. TIME OF HOUR A.M. 1400.M.	MONTH DAY YEA	21c. HC	truck t	CURRED (ENTE		ITEM 18 PART 1 OR P	YES 🗌	
NVISION OF VI	CERTIFICATE SH TING THE WORN SED TO THE CI 3 SHOULD BE DEPARTMENT PRIOR TO BURIAN	MEDICAL CERTIFICAT	210 EXTERNAL CAU UNDERLYING D CONTRIBUTING	JSE WAS FOR CAUSE OF DE	21b. TIME OF HOUR A.M. 1400.M. 21e. PLACE O STREET, FACTO	INJURY MONTH DAY YEA TO 11 19 FINJURY (ATHOME. DRY, FARM, ETC.)	21c. HC S 21f. LOG S	OW INJURY OC	CURRED (ENTE	in CITY OR TOWN		YES []	№ □
DIVISION OF VITAL RECORDS,	CERTIFICATE SH TING THE WORN SED TO THE CI 3 SHOULD BE DEPARTMENT PRIOR TO BURIAN		210 EXTERNAL CAL UNDERLYING 🛣 CONTRIBUTING 🗌	JSE WAS FOR CAUSE OF DE	21b. TIME OF HOUR A.M. 1400.M. 21e. PLACE O STREET, FACTO	INJURY MONTH DAY YE, 3 11 19 FINJURY (ATHOME.	21c. HC S 21f. LOG S	truck t	CURRED (ENTE	in CITY OR TOWN		YES 🗌	
DIVISION OF VII	CERTIFICATE SH TING THE WORN SED TO THE CI 3 SHOULD BE DEPARTMENT PRIOR TO BURIAN		216 EXTERNAL CAL UNDERLYING 30 CONTRIBUTING 1 21d. INJURY OCCUR WHILE NOT AT WORK AT V	USE WAS FOR CAUSE OF DE RED WHILE WORK	21b. TIME OF HOUR AM 1400.M. 21e. PLACEO STREET, FACTOR RAILT	INJURY MONTH DAY YEA  1119  FINJURY (ATHOME. DRY, FARM, ETC.) oad sidin  ribed obove, held on	21c. HC	truck	CURRED (ENTER DY tra:	in city or town bine Inquiry		YES OUNTY	№ □
DIVISION OF VII	CERTIFICATE SH TING THE WORN SED TO THE CI 3 SHOULD BE DEPARTMENT PRIOR TO BURIAN		216 EXTERNAL CAL UNDERLYING 30 CONTRIBUTING 1 21d. INJURY OCCUR WHILE NOT AT WORK AT V	USE WAS FOR CAUSE OF DE RRED WHILE VORK	21b. TIME OF HOUR AM 1400.M. 21e. PLACEO STREET, FACTOR RAILT	INJURY MONTH DAY YEA  3 11 19  FINJURY (ATHOME, DRY, FARM, ETC.) OAD SIDING Tribed above, held an	21c. HC 82 S 21f. LOG 8	Truck	Woodly bection	in city or town bine	Car	YES OUNTY	№ □
DIVISION OF VII	CERTIFICATE SH TING THE WORN SED TO THE CI 3 SHOULD BE DEPARTMENT PRIOR TO BURIAN		216 EXTERNAL CAL UNDERLYING SCI CONTRIBUTING 21d. INJURY OCCUP WHILE NOT AT WORK AT V  22a. I certify that death resulted from	USE WAS FOR CAUSE OF DE RRED WHILE VORK	21b. TIME OF HOUR AM 1400.M. 21e. PLACEO STREET, FACTOR RAILT	INJURY MONTH DAY YEA  1119  FINJURY (ATHOME. DRY, FARM, ETC.) oad sidin  ribed obove, held on	21c. HC	truck	Woodly bection	in city or town bine Inquiry	Car	YES OUNTY	№ □
DIVISION OF VIT	ICAL EXAMINER: THIS CERTIFICATE SH THE CERTIFICATE, WRITING THE WORR SHOULD BE FORWARDED TO THE C EALL WITH THE STATE DEPARTMENT O RE, MARYLAND, 21201 PRIOR TO BURIA		218 EXTERNAL CAL UNDERLYING 20 CONTRIBUTING 21d. INJURY OCCUP WHILE NOT AT WORK AT WORK  22d. I certify that death resulted from ACTUAL SIGNATURE	JSE WAS  FOR CAUSE OF DE  RED  F WHILE  VORK  I took charge  The Waturol  Waturol	21b. TIME OF HOUR AM 1400.M. 21e. PLACEO STREET, FACTOR RAILT	INJURY MONTH DAY YEA  1119  FINJURY (ATHOME. DRY, FARM, ETC.) oad sidin  ribed obove, held on	21c. HC	Truck	Woodly bection	in city or town bine Inquiry	Car	YES OUNTY	№ □
DIVISION OF VIT	WEDICAL EXAMINER: THIS CERTIFICATE SH CUTE THE CERTIFICATE, WRITING THE WORL E 4 SHOULD BE FORWARDED TO THE C UNDEAL DIRECTOR: PAGE 3 SHOULD BE R. DEATH, WITH THE STATE DEPARTMENT O UMORE, MARYLAND, 21201 PRIOR TO BURIA		216 EXTERNAL CAL UNDERLYING SCI CONTRIBUTING 21d. INJURY OCCUP WHILE NOT AT WORK AT V  22a. I certify that death resulted from	JSE WAS  FOR CAUSE OF DE  RED  F WHILE  VORK  I took charge  The Waturol  Waturol	21b. TIME OF HOUR AM 1400, M. 21e. PLACEO STREET, FACTOR RAILTOOF the remains described to the course of the cours	INJURY MONTH DAY YE, 3 11,9  FINJURY (ATHOME, DRY, FARM, ETC.) Oad Sidin  Tribed above, held an Accident XXX  WELLIV	Autops Suicide	CATION TREET  THOMICIDE  TITLE (SPEC	Woodly bection	in city or town bine Inquiry	Car	YES OUNTY	№ □
DIVISION OF VIT	ICAL EXAMINER: THIS CERTIFICATE SH THE CERTIFICATE, WRITING THE WORR SHOULD BE FORWARDED TO THE C EALL WITH THE STATE DEPARTMENT O RE, MARYLAND, 21201 PRIOR TO BURIA	MEDICAL	21s EXTERNAL CAL UNDERLYING 20 CONTRIBUTING 21d. INJURY OCCUP WHILE NOT AT WORK AT WORK  22a. I certify that death resulted from ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT) JRIAL-CREMATION J	JSE WAS  FOR CAUSE OF DE  RRED  F WHILE PA  House Charge  THE PA  REMOVAL 1238	21b. TIME OF HOUR &M 1400 M. 21e. PLACEO STREET, FACTOR RAILTOOf the remains described on the course of the course	INJURY MONTH DAY YEA  3 11 19  FINJURY (ATHOME, ORY, FARM, ETC.) ORY, FARM, ETC.) ORY STORY, FARM, ETC.)  WELLIV  1334, NAME OF C	Autops Suicide	CATION TREET  THOMICIDE  TITLE (SPEC	Woodly beeting W. Under Woodly	in  CITY OR TOWN  D In e  Inquiry  Petermined manner  DICAL EXAMINER  OCATION	Cari	OUNTY POIL,  OPPINION  APPINION  APP	NO STATE Md.
DIVISION OF VII	WEDICAL EXAMINER: THIS CERTIFICATE SH CUTE THE CERTIFICATE, WRITING THE WORL E 4 SHOULD BE FORWARDED TO THE C UNDEAL DIRECTOR: PAGE 3 SHOULD BE R. DEATH, WITH THE STATE DEPARTMENT O UMORE, MARYLAND, 21201 PRIOR TO BURIA	WEDICAL 230. BG	216 EXTERNAL CAL UNDERLYING 20 CONTRIBUTING 12 21d. INJURY OCCUP WHILE NOT AT WORK AT V  22a. I certify that death resulted from ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)	JSE WAS  FOR CAUSE OF DE  RRED  F WHILE PA  House Charge  THE PA  REMOVAL 1238	21b. TIME OF HOUR AM. 1400.M. 21e. PLACEO STREET, FACTOR RAILT of the remains described to couses	INJURY MONTH DAY YEA  3 11 19  FINJURY (ATHOME, ORY, FARM, ETC.) ORY, FARM, ETC.) ORY STORY, FARM, ETC.)  WELLIV  1334, NAME OF C	Autops Suicide	CATION TREET  TITLE (SPEC DESCRIPTION ADDRESS  R CREMATORY	Woodl  Woodl  Woodl  IFY)  PROPERTY OF PARE    23d   CC	in  CITY OR TOWN  D Inquiry  Petermined manner  DICAL EXAMINER	Cari	PART 2)  OUNTY  POIL,  Opinion  A F 16  Ward, I	NO STATE Md.

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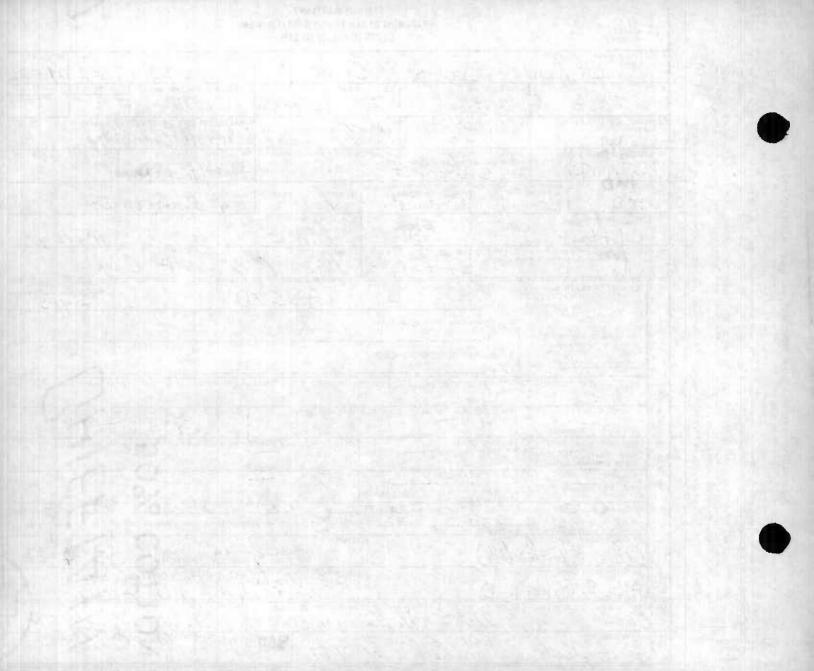
STATE OF MARYLAND

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			STATE OF MARYLAND	13 73	73 27	3 /
	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE O Z	0 / 0	4 0
	-			REG. N		
poge 3		DECEASED NAME FIRST	O B. Calhoun	20 DATE OF DEATH	MONTH DAY YEAR 20.	7:20 PM
or, por	3	Male.	1 RACE S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HO	UNDER 24 HRS DURS MIN.
	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		OR COUNTY OF DEATH	
2/13	3	Virginia	USA MARRIED NEVER MARRIED WIDOWED DIVORCED	BCAR	ROLL	MD.
of the	23	SVKQSVIIIQ/	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (# NOT IN SUCH FACILITY GIVE STREET ADDRESS)	120. USUAL OCCUPAT	F WORKING LIFE) INDUSTRY	USINESS OR
ě ě	U:	STATE 13 COL	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  NTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS	? 134. STREET ADDRESS	alon Ara	
should her must	2	Maryland 11410	MITTOMORIKOKKIIIR YES NO 18	247 410	orisey tive	
1 IE	7	FATHER'S NAME	MIDDLE LAST IS MOTHER'S MAIDEN	NAME	LAST	
0 / 6	4	John	W. Calhoun Mari	J	(alil	+
medicol	160	(YES, NO OR UNKNOWN) I (IF YES, GI	E WAR OR DATES	ADDR	SS	1 11
	4	UNKNOWN	1578-16-5899 springtie	1dHosp Cente	r. Dukesvil	10 Md
		18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b), and (c)		APPROXIMATE BETWEEN ONSE	INTERVAL
event, the			nly one couse per line for (a), (b), and (c).		BETWEEN ONSE	TANDDEATH
ic ev		14 h Ca a IMMEDIA	TE CAUSE (D)			
on, or r		T072	DUE TO, OR AS A CONSEQUENCE OF		_ 1	
otio		Conditions, if any, which gove rise to immediate	(b)			
I, cremotian, or r other traumotic		couse (D), stoting the	DUE TO, OR AS A CONSEQUENCE OF			
0 5		underlying couse lost	(c)			
, p	1,	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)	
	_ 2					
ne prio	CEPTIECATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	USED
shows				YES NOTO		IO
18 sh	3 8			URRED (ENTER NATURE OF INJUI		
Item 18 show	1 3	OR CONTRIBUTING CAUSE OF DE				
¥ 5	MEDICAL	21d. INJURY OCCURRED	P.M. 19 21e PLACE OF INJURY 21I LOCATION			
edo	1		(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOV	VN COUNTY	STATE
morked		AT WORK — AT WORK				
Teo -			ital) attended the deceased from 3 - 16 , 19 ]	, 10		👚 (we) lost
21		sow the deceased alive of above, # (we) (did) (did)	n_3-15 1982 , and that in (amp) (our) apin	ion death occurred on the de	ate and hour and from the caus	es stated
ote Dept.		226 SIGNATURE	DEGREE		22c. DATE SIG	NED
5 C +		Shul T.	ned-and ad no ATTENDING			- 81
Pe Star	$\dashv$	22d. PHYSICIAN'S NAME (TYPE)	PHYSICIAN  PRINT)  22e ADDRESS	DIRECTOR PHYSIC	IAN S-/-	-0-
D - C - C - I			,	11 11 -11	<1/2 11	in/
With the	4		Springfie	d Hospital	Syresville,	Mich.
	230	BURIAL, CREMATION, REMOVAL	236. DATE 230 NAME OF CEMETERY OR GREMATOR	RY 23d. LOGATION	COUNTY	STATE
		Burial	3-18-82 St. Luke's United Ch. of C	host Timbery	He Prokionha	n VA
-16 20M	24.	FUNERAL DIRECTOR	250	ATEREC'D. BY REGISTRAR	756 BEGISTRAR'S SIGNATURE	S. Carlotte
, 4) 7/78		ZARAL YI YA	ADDRESS 11 M	MAK T A 1287	Marine Marine	



14		1	FOR		DEDART		E OF MARYLAND	I IIVOIPUE >		0.7.0	4 1
19		1.	STATE REGISTRAR		DEPARI		EALTH AND MENTA ICATE OF DEATH		REG. NO.	0 / 0	
		1 DE	CEASED NAME FIRST		MIDDLE	- 1	AST	2a DATE	OF DEATH MON	TH DAY YEAR	12h HOUR
	be de	(TYPE	ORPRINT) Claren	ce i	Sames	(	Cook		03	1982	2450 M
	A de	3. SE	X 10.0	4 RACE	/	5. DATE C			YEARS LAST BIRTHDAY		IF UNDER 24 HRS
	ogo ogo		Male	U	Uhite	MONTH O8		9	72	YRS. DAYS	HOURS MIN
	leath. P.		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN O	S A	MARRIE WIDOWE	NEVER MARRIE		11-	OUNTY OF DEATH	MD.
5	s offer d by the fu	10.C	lest minster		HOSPITAL, NURSI		OR OTHER INSTITUTIO		OCCUPATION ORK FOR MOST OF WOR	RKING LIFET INDUSTRY	OF BUSINESS OR
120	on in	JUSU.	AL RESIDENCE (IF NURSING HOME	R OTHER INSTITUTIO	N, GIVE RESIDENCE BEFOR		not delicated			7 7 -7	
MARYLAND 2120	filleo ould	13a. S	mD Car	-roll	Wes Tmin		136 INSIDE CITY LIM	- 1 -	E- GF	een St	
ZYL.	etely d 2 sh	14. FA	THER'S NAME	MIDDLE	LAST (	1119	15. MOTHER'S MAIDE	EN NAME	MIDDLE		
W W	comple comple	1.0	Clifton	J	Cook		Carrie	2	MIDDLE	My	erly
	nd co		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	JRITY NO.	17 INFORMANT	in	ADDRESS	/ /	
BALTIMORE,	n and c	,	No	TE TENTON DATES!	214-10-3	2980	Wite.	Mary	SIA	Cook	
., BAL	physicic npopers novol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	er line for (o), (b), or	nd (c),)	ASO	CVD		APPROX BETWEEN	ONSET AND DEATH
IS N	ding arbor or rer		4292	ATE CAUSE (a)_	OR AS A CONSEQU	ENICE OF					110
PRESTON	death	13	Conditions, if ony, which	(b)_	OR AS A CONSEQU	ENCE OF					
W. PR	by the construction of the removement of the rem		gove rise to immediate couse (a), stating the underlying couse last	DUE TO,	or as a consequ	ENCE OF					
201	s the		PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMINAL DISE	ASE OR CONDITIO	ON GIVEN IN PART 16	(0)
RDS,	equire n sign Then r to bu injury.	NO									
8	ow remit.	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AU		. IF YES, WERE FINDE	
AL R	The I ion.	E						YES	NOD	YES	NO [
- N	physic ph		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		OF INJURY A.M. MONTH B	AY YEAR	21c. HOW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2]	V LATER
Ö	SK ce ng	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINE	R)	P.M.	19					-
DIVISION OF VITAL RECORDS,	or ottending After this e os the budith and Manarked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE,	TARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ā			22a.1 certify that Othis has	oital) attended t	the deceased from	about	19_	77 to	3-19	1982	that (D)(we) lost
	ATTEN Disputal ECTOR: d for us t. of He m 21 is		sow the deceased alive a above (1) we) did (did n			- 4	nd that in (my) (our) of	pinion deoth occur	red on the dote o		
	A H B d o o		22b. SIGNATURE	141 0	ly offer deoffi.		DEGREE			22c. DATE	SIGNED
	7 t 7 t P T		alva Da	sellly)	)		ATTEND PHYSIC	ING MEDICA	L STAFF	п 3-	19-82
	HOSPITAL ined by the FUNERAL uld be det the State ORTANT:	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			220 ADDRESS	re himsofri	Hats	Med CH	
	TO HOSPITAL TO FUNERAL should be de with the Stat		Alva S. Bak	erm.O	A S WALL		wes.	Im ws te	r MD	2-1157	
	5 5 ± 3 ₹	23a. E	BURIAL, CREMATION, REMOVA	L 23b. DATE	230.	1 1	EMETERY OR CREMAT	TORY 23d. LO	CATION OR TOWN	COUNTY	/ STATE
	BP	1	Dun	2-24	1-04 N	lestm.	insted CEA	retery N	estminster		I PAGE
D	PHMH - 16 50M 7/77 (VR A 15 (4))	24 FI	JOHERAL DIRECTOR	2	54 ALERESS P	ain Si	21157	ACHE SEC. D. B.	REGISTRAR 1991	REGISTRANSSIGNA	AURE-/



1	FOR - STATE REGISTRAR	DEPAR	TMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	CIENE 8 2	0 7	U	48	
	CEASED NAME FIRST Gil	bert D. David		LAST	20 DATE OF DEATH MOI		YEAR	26 HOUR 2-35A.M	
3 SE	Male	RACE White		OF BIRTH 27, DAY 911 YEAR	6 AGE (IN YEARS LAST BIRTHOA	Y) IF UND	DER I YEAR	IF UNDER 24 HRS HOURS MIN	
0	IRTHPLACE STATE OF FOREIGN COUNTRY) Carroll Co. Md.		WIDOW	ED DIVORCED	9 BALTIMORE CITY OR C		EATH	ME	
W	estminster	CATHOTICO	ospt.		120 USUAL OCCUPATION	RKING LIFE) 126	L KIND OI DUSTRY	F BUSINESS OR	
USU 130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFI VIY 13 C LITY OR TO PRO11 Hampst	ead		13e SUPERIOD High	ield C	t.		
14. F.	Luther C.	Davidson LAST		15 MOTHER'S MAIDEN NA			LAST		
1 1	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)   I IF YES, GIVI NO	MED FORCES? 166 SOCIAL SEC EWAR OR DATES) 213-36		Mrs. Evelyn	Davidson F	lamps te	ad, l	Md.	
	PART I. DEATH WAS CAUSE	aly one couse per line for (a), (b), (c) BY: TE CAUSE (a)  DUE TO, OR AS A CONSEO	uar	ular aca	dul		APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH	
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost (b).  DUE TO, OR AS A CONSEQUENCE OF								
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITI	on given in	PART 110	1	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED		16. IF YES, WER N CERTIFYING YES []			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART I OF	R PART 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	cor	YTNU	STATE	
	sow the deceased alive on	to nattended the deceased from 19.	CILA		deoth occurred on the date	ond hour and f	from the c	ha (I) we) lost ouses stated	
	THE SIGNATURE	men en		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	:: 111	20. DATE S	182	
	22d. PHYSICIAN'S NAME TYPE O	R PRINT)		22e ADDRESS					
230.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 23c March 10,82		ey Cemetery	23d LOCATION CITY OR TOWN Hampstead	Carrol	i co	Md.	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

24. FUNERAL DIRECTOR
Eline Funeral Home Hampstead, Md. 21074

10,82

RY REGISTRARISE DEGISTRARISE GOLDANION

andriver . A file Jacob of Merses Preferbises . to einite the new t became iforest in nondeval . measure noo eadoni. . 21 - 3- 038 | Tra. Svelyn Heridebn Engewied Mil

- oll Morse

. No. 10 to the control of the contr -14ne Burnered Beess Branchend, 16. 2017

	1	FOR = STATE REGISTRAR	DEPARTN	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	7049
ector, page 3	1. DE	ECEASED NAME FRSI Ann Ann ELMELE	1 amphel 4 RACE White	S. DATE OF BIRTH  MONTH  DAY  YEAR  10 - 21 - 23	6 AGE (IN YEARS LAST BIRINDAY)	THE PART OF THE PA
by the funeral dis	5	Battimone Ates	76 CITIZEN OF WHAT COUNTRY?  11. NAME OF HOSPITAL, NURSINI  (IF NOT IN SUCH FACHTY, GIVE STREET A	MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCES DI DIVORESSI	9 BALTIMORE CITY OR COUNTY  OF COUNTY  120 USUAL OCCUPATION (TYPE OF WORN FOR MOST OF WORK MOST	MD
campletely filled in and 2 should be for a sho	13a 14 F	STATE 136 COUN	roll lelestmin	ADMISSION) 13d INSIDE CITY LIMITS?	130. STREET ADDRESS	hengton Rd. Meurrag
e ottending physicion and co move corbon papers. Pages 1 nation, or removal. troumatic event, the medical		(IF YES, GIV.  18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y one couse per line for (o), (b), and	3921 Christian	A. Ditzel Jr. ANREST FAILURE	SARE AS # 1. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 M/A 12-HRS
hos been signed by the permit. Then please re rie prior to burial, creaws ony injury, or other	CERTIFICATION	couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	200 AUTOPSY 200. IF YES IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
After this certificate is as the buriol-transit lith and Mental Hygie orked or Item 18 sho	MEDICAL CERT	210, ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		19 211 LOCATION	YES YES  RED (ENTER NATURE OF INJURY IN ITEM 18 P)  CITY OR TOWN	
INERAL DIRECTOR. J		sum in ceased glive on.	ol) ottended the doceased from 19 20 19 20 19 20 19 20 19 20 19 20 19 20 19 20 19 20 19 20 19 20 19 20 19 20 19 20 19 20 19 20 20 20 20 20 20 20 20 20 20 20 20 20	DEGRPE TIENDING PHYSICIAN	death accurred on the date and hour	171. DATE SIGNED /8
MPOR MPOR		JOHN	URH16H	159 HONE	YSUCKUE LV	. UNION BRID

23c. NAME OF CEMETERY OR CREMATORY

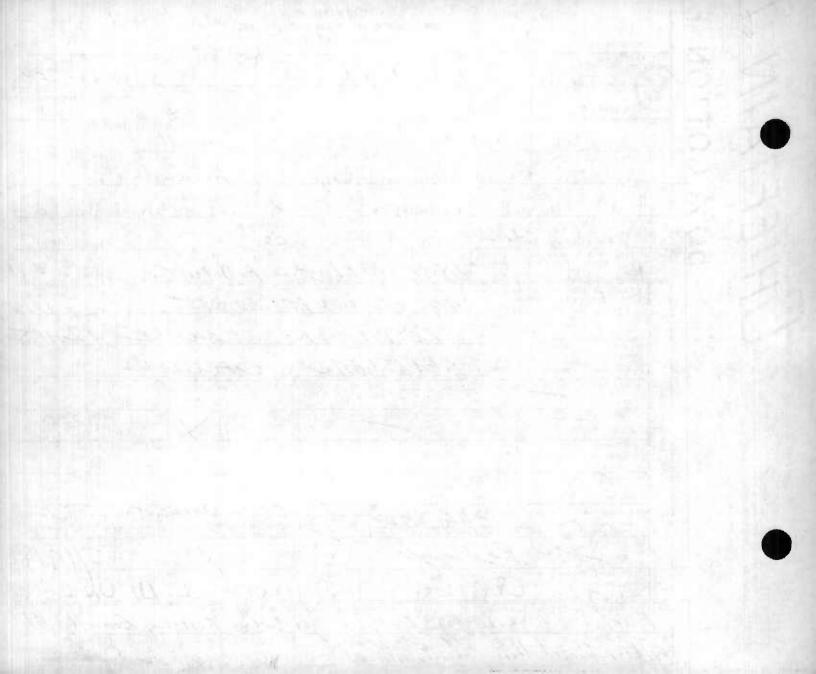
Carroll

BP

DHMH - 16 50M 1/B1 (VRA 15, 4)

CREMATION, REMOVAL

236. DATE



	1.	FOR STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 3 2 0	100
	1 DE	REGISTRAR CEASED NAME FIRST OR PRINT)	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOU
BAR .	3 SE	Nell	4 RACE	Dixon  S. DATE OF BIRTH	March 3, 198	15 15 15 15 15 15 15 15 15 15 15 15 15 1
	17- 01	Female  RTHPLACE (STATE OR FOREIGN	Thite  75 CITIZEN OF WHAT COUNTRY?	May 10, 1918	9. BALTIMORE CITY OR COUNT	MONTHS DATS HOURS
ot once		Md	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Carroll	TOFBEATH
filed with	Sy	ty or town of DEATH kesville	(IF NOT IN SUCH FACILITY, GIVE STREET PRAYER A	ve.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Store Mgt.	12b. KIND OF BUSINI INDUSTRY Grocery
ould be	USU. 13a. S	TATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13c, CITY OR TOW SYKESV:	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 6503 Church	ı St.
ond 2 sh	14 FA	THER'S NAME FIRST Eugene	MIDDLE Trayer	15. MOTHER'S MAIDEN NA	AME	olber t
Pages 1 o	-0	VAS DECEASED EVER IN U.S. A			ADDRESS	
n please remove co burial, cremation, ry, or ather troumo		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU    DUE TO, OR AS A CONSEOU   (c)	ENCE OF  DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GI	5 yrs
e prior to	CERTIFICATION	198. DATE OF OPERATION	77	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USE FYING CAUSES OF DEAT ES \( \) NO \( \)
entol Hygien		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	
5 m +	-					
s the burn and Mer rked or Ite	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 21F LOCATION STREET	CITY OR TOWN	COUNTY
	MED	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hos	(ATHOME STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TOWN  , to,  deoth occurred an the date and had	19 2, that (1) (
tached for use as the bu e Dept. of Health and M If Item 21 is morked ar	MED	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hos	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	, to	19 2, that (1) (1)
e detached for use as the bu State Dept. of Health and M NT: If Item 21 is marked ar	MED	WHILE NOT WHILE 270.1 certify that (1) (this hos saw the deceosed alive cobove, (1) (we) (and) (did not)	pitol) ottended the deceosed from	arm. ETC)  SIREET  2. and that in (my) (ob) apinion  DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	19 £2, that (1) bur and fram the couses sto
sched for use as the bu Dept. of Health and M I them 21 is marked ar		WHILE NOT WHILE AT WORK  220.1 certify that (1) (this has saw the deceased alive a obove, (1) (we) (and) (did a 22b. SIGNATURE)  22d. PHYSICIAN'S NAME (1998)	pital of tended the deceased from 19 19 101) view the body after death.	arm, etc.)  SIREET  19  2 and that in (my) (and apinion  DEGREE  ATTENDING PHYSICIAN  27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	19 2, that (1) but and from the couses stored 3 - Y - P

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH ETYPE OR PRINT OF ESTI-4. RACE 3 SEX IF UNDER 24 HRS DATE 1961 -3-1961 LAST AIRTHDAY PRONOUNCED White Male DEAD 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX OREIGN COUNTRY) U.S.A. WIDOWED DIVORCED Carroll 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS II CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFET School Student Hughes Shop Road Westminster USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5301 Mohican Rd. Mont. Bethesda YES X NO [] DIVISION OF VITAL VITH FORM PM 3. PAGES 1 AND 2 S 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST Marilyn Nerby Edred DonCarlos Jr. John 160 WAS DECEASED EVER IN U.S. ARMED FORCES 7. INFORMANT ADDRESS IYES, NO. OR UNKNOWN) 77-86-9970 John Z. DonCarlos Jr. None 18 CAUSE OF DEATH (Enter only one cause per APPROXIBANTS INVESTA BETWEEN DRISET AND DEATH EXECUTE THE CERTHICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG
TO FUNEAR UNRETONE PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT
AFTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE,
BALTIMOSE MARTHAND 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY ENTER NATURE OF INJURY IN ITEM 188 ART 1 OR PART 21 MOUR AND MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEA NOT WHILE AT WORK AT WORK 72s I certify that 140ok charge of the remains descri d above. Autopsy and in my apinian death resulted from /Undetermined manner ACTUAL 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL | 23b. DATE 23d LOCATION Security Pricess Baltimore Baltimore BP\_ Cremation 1256 REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** DOL Pritts Funeral Home Westminster, Md. (VR A15 ME (5)) 15M 2/80

THE RESERVE OF THE PARTY OF THE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

certificate be

OR ATTENDING PHYSICIAN: The low

HOSPITAL

retained by the hospital or attending physician

may be

D.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 25

M	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REGISTRAR  REG. NO.								
		PECEASED NAME PE OR PRINT)  TOHIN	Theodore	Do	UKAS	20. DATE OF DEATH MON	B 31	VEAR 82	26 HOUR 2343
35	3 SE	Male	RACE Wite	5. DATE O	29° 1914	6 AGE (IN YEARS LAST BIRTHDAY	YRS.	DER TYEAR	IF UNDER 24 HRS HOURS MIN.
	Beltimore U.S.A. widow			WIDOWE		Garroll Mc			
2 optified		Westminster		ADDRESSI Genera	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR  FOOD Sales	KING LIFE) IN	NOUSTRY	F BUSINESS OR
MPORTANT: If them 21 is morked or them 18 shows any injury, or other traumatic event, the medical examine (myst by	WINDLAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136 INSIDE CITY LIMITS?  136 STREET ADDRESS  136 STREET ADDRESS  14 FATHER'S NAME  15 MOTHER'S NAME								
	Theodore James Doukas				MOTHER'S MAIDEN NAME  ANKAKEIPota Conits				
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO ORUNKNOWN)  YOS  WW II  721-07-7873			Annabel H.	Doukas 744 David Ave				
	MEDICAL CERTIFICATION	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last		ENCE OF	ot Related to the term			N PART 110	
		190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	CONDITION FOR WHICH	OPERATION		200 AUTOPSY? 200	YES [	CAUSES	GS USED OF DEATH? NO
		OR CONTRIBUTING CAUSE OF DEATI  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	H HOUR A.M. MONTH D.P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F	19	21f LOCATION STREET	CITY OR TOWN		COUNTY	STATE
		270. I certify that (I) (this hospital) attended the deceased from  19							
IMPC			23b. DATE 23c h	NAME OF CE	METERY OR CREMATORY	leights Medica 23d. LOCATION CITY OR LOWN Ardens Finksby	FOL		est.Md.

DHMH - 16 50M I/B1 (VRA 15, 4)

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-James Robert Sr. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. THE PAREAL DIRECTOR. PAGE 3 SHOULD BE FUSED AS A BURNAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 7Z HOURS AFTER DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WARL RECORDS, 201 WE PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURNAL, CREMATION, OR REMOVAL. DEATH MATED 82 Dowden 29 19 3 SEX 4 RACE A AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED :15 5 12-28-1949 Male White DEAD 2919 82 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Md. WIDOWED . DIVORCED Carroll County D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE! Tyrone 140 Truckdriver Const. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13g. STREET ADDRESS Taneytown Md. Carroll YESC NO [] 46 R. East Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME DEATH. GES 1, 2 MIDOLE Mary MIDDLE Harry Dowden Weaver 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS IYES. NO. OR LINKNOWN) 1957 217-48-0804 Linda Dowden, Taneytown, Md.21787 ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [ 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR XX MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 4:0 1 P.M. 29 1982 Driver in motorcycle/auto impact 11. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY STATE NOT WHILE AT WORK street Rt. 140 Md. Tyrone Carrol 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion death resulted fro Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy Chiefedical EXAMINER DATE 3/30/82 SIGNATURE D. Smith, M.D. EXAMINER'S NAME Thomas III Penn St. Balto. MD. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Finksburg Carroll Md. BP Burial Evergreen Menerial BY REGISTRAR 256. RECISTRAR'S 24. FUNERAL DIRECTOR 250. DATARECTO. **DHMH-17** Westminster, Md. Funeral Home (VR A15 ME (5))

15M 2/80

STATE OF MARYLAND

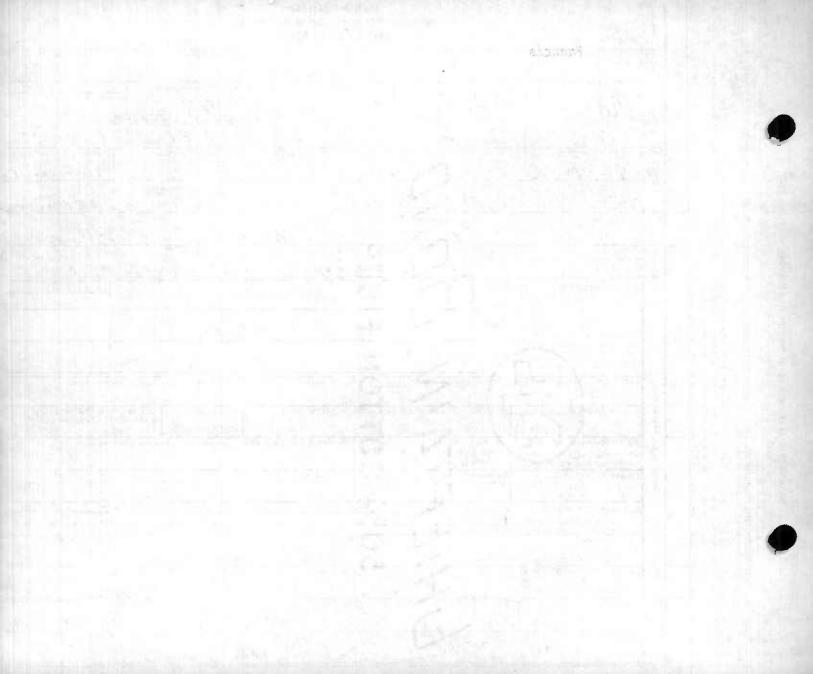
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST L DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT Elsie Morris FISCHER 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Jan HOURS 12DAY White 1896 Female 86 7 BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia U.S.A. Carroll County WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Sykesville Sykesyille Semior Center INDUSTRY\_ (TYPETT WOTH CHANGE LIFE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 1002 Druidon Court 21225 Md. Balto. Brooklyn NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Alice Henry Jones Morris. 66. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218 28 7233 Mrs. Mae E. DeDeo 3608 Sweet Air Road 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE O Conditions. gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NOF 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 211 LOCATION ŏ 21d. INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) orked NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive of and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 226. SIGNATUR DEGREE ATTENDING MEDICAL STAFF PHYSICIAN TO BIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN' NAME (TYPE OR PRINT) 22e ADDRESS 23g. BURIAL CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) 6 MAR 82 Dulaney Valley Cemetery Cockeysville, Maryland 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAM DHMH - 16 50M 7/77 (VR A 15 (4)) Lowell/Lemmon Padonia & York Rds.

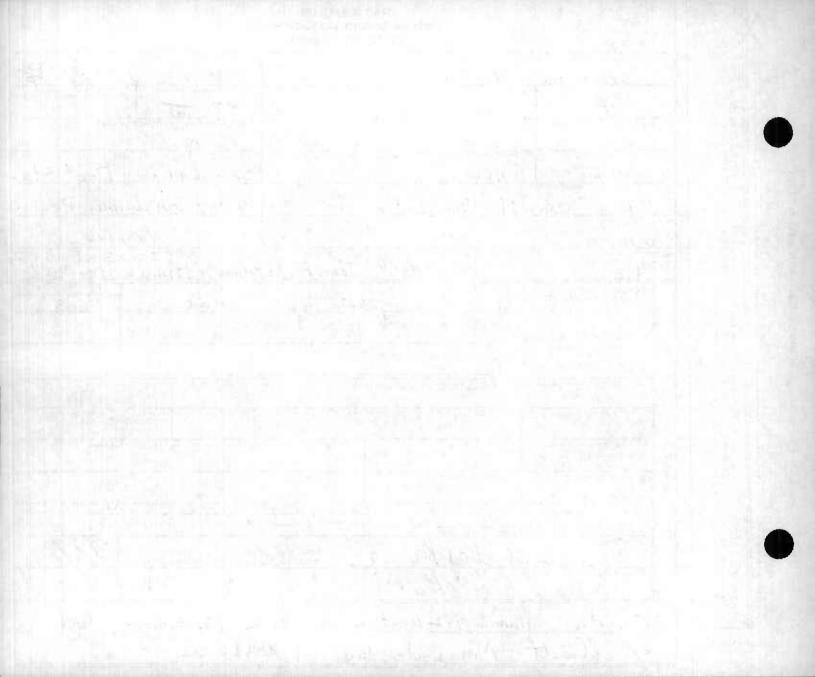
PROPERTY OF THE PROPERTY OF TH Att and appreciate the state of the state of

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME FRANCES MIDDLE LAST 7g. DATE OF DEATH MONTH YEAR 7b. HOUR (TYPE OR PRINT) Li alce 3. SEX 4 RACE S. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR a BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY TCORI USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3005 MAY BERRY 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE 11/101 01/6 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) FDGLESONG 3005 012 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED pe IN CERTIFYING CAUSES OF DEATH? per and Mental Hygiene NOM YES [ NO P certificate 218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION morked or CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK AT WORK 22a.1 certify that((1) (this hospital) attended the deceased from, 2\_ond that in (my) (our) opinion deoth occurred on the date and hour and from the couses stated sow the deceased alive on. obave, (1) (we) (did) (did not) view the body after death. Dept. 22b. SIGNATURE DEGREE 771. DATE SIGNED 0 ATTENDING -MEDICAL STAFF be deta e State [ FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ould be 0 23a. BURIAL, CREMATION, REMOVAL 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 24 FUNERAL DIRECTOR 25a DATE BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 (VR A 15 (4))



	3/	1-	tems #1 FOR STATE REGISTRAR	8a-22a F			82 ISTAT MENT OF H EXAMIN	IEALTH		NTAL H	100	2	0 7	7 0	3	7
	15	1. DE	CEASED NAME	FIRST		MIDDLE			LAST	AILO		ATE KNOW	N NO.	H DAY	YEAR	2b. HOUR
	20 21 22 21	. (TYP	PE OR PRINT)	EDNA		В			FR I TZ	7	DE	OF ESTI-		31	19 82	
	A STATE OF THE STA	3. SEX	emale	White	5. DATE OF BIRTH	899	6. AGE (IN YEA LAST BIRTHDA' 82 YR	Y) MONT	DER I YR.	IF UNDER 2	MIN. PRO	DATE NOUNCED DEAD	MONTH 3		YEAR 19 82	2d HOUR 1:51
		7g. B	IRTHPLACE (ST. PREIGN COUNTRY) Md •		76. CITIZEN OF WE		TRY?	8 MARRI WIDOW	ED NEV	ER MARRIE	ED L	ITTMORE CI	-	NTY OF D		MD
	ELAY IS TO THE FI		Westmir	ster	11. NAME OF HOS (IF NOT IN SUCH FA 85 Wimer	T AVE	(REET ADDRESS)	OR OTH		ION	120 USUAL C	CCUPATION F WORKING LIFE)	(TYPE OF WOR	K 12b KI	ND OF BUS R INDUSTR M C	SINESS
21201	1. IF ANY DELA 2, AND 310 3. RETAIN P. 2 SHOULD BE AL RECORDS	13a. S	AL RESIDENCE ( TATE  Md.	TIN COLL	or other institution, Gr NTY POLL	13c CITY	OR TOWN		13d INSIDE CIT		STREET A	DDRESS nert A	ve			
MD.	MA.3.	14. FA	ATHER'S NAME	(C) 7	MIDDLE		LAST_		15. MOTHEL	R'S MAIDEI		MIDDLE			LAST	
ORE,	O PAN PEA	14- 14	VAS DECEASED	Charles EVER IN U.S. AI		Nai	.11	NO	17. INFORM	Alic	е	ADD	Crabl	os		
BALTIMORE, MD.	S AFTER GIVE PA GIVE PA TH FOR PAGES I	(YI	ES, NO, OR UNKNOW	VN) (IF YES, GIV	e war or dates) None		-74-03				·1 Rupp		tmins	ter,	Md.	
RECORDS, 201 W. PRESTON ST.,	WER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF CARE, WRITING THE WORD. "TENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. OR. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF EVAL AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Condition gave riscouse (a) lying cous	IMMEDIA IMMEDIA s, if ony, which to immediate toting the under e lost.	ATE CAUSE (o)  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CON	differ	F				ll card	inoma	0.5314	PPROXIMATE WEEN ONSET	AND DEATH
TAL RECORD	SHOULD BE EXE ORD "PENDING CHIEF MEDICA E USED AS A BI T OF HEALTH A URIAL, CREMA	MEDICAL CERTIFICATION	19a DATE OF		S CONTRIBUTING TO DEATH		WHICH OPERA	1.50			T ) tal.				ATOPSON	VLY
DIVISION OF VITAL	G THE WO TO THE O HOULD BE ARTMENT IOR TO BU	ICAL CERT		OR G CAUSE OF	DEATH P.M	. MONTH	DAY YEAR			OCCURRED	) (ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR		TES (A)	NO
DIVIS	THIS CER WARDED WARDED PAGE 3 S TATE DEP	MED	21d. INJURY O WHILE AT WORK	NOT WHILE AT WORK	21e PLACE C STREET, FACT	OF INJURY ORY, FARM, E1		S	CATION		4	OR TOWN	C	COUNTY		STATE
•	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		22a I certifi deoth resulte ACTUAL SIGNATURE_		orge of the remains des	Accident		Hea Autop	, Homici		Undetermin	ed monner	ond in my o	E 1.	-1-82	
	CO MEDI-	12 - D	EXAMINER'S IN	T) AR							enn St.		o., Mc	1. 2	21201	
	BP	(\$	Burial UNERAL DIRECT NOTE THE PROPERTY OF T	OR A	4-3-82 Wookess		adow F		ch		23d. LOCATI CITY OR FOV	instar		DUNTY	STA	ITE
	DHMH - 17 (VR A15 ME (5)) 15M 2/80	07	obert 7.	Prette &	r - West	mende	Try m	ul		AP	Ro	982	name	Carry Comment		

A STATE OF THE STA Joseph T. State Later and Joseph State Committee Committ



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FOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Morris Mindergold and				
			m m	

## STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO 20. DATE OF DEATH MONTH 2b. HOUR March 6, 1982 8:15PM 6 AGE (IN YEARS LAST BIRTHDAY) 1927 BALTIMORE CITY OR COUNTY OF DEATH Carroll 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR

Hawkins Sherman TYPE OR PRINTI 4 RACE Negro 5. DATE OF BIRTH Male DEcember 28 BIRTHPLACE (STATE OR FOREIGN

USA

ING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Springfield Hospital Center

Unemployed INDUSTRY

4304 Springdale Avenue

Maryland 4 FATHER'S NAME Sherman

STATE

CERTIFICATION

FOR

- STATE

REGISTRAR

DECEASED NAME

Maryland

CITY OR TOWN OF DEATH

Sykesville

138 COUNTY

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

(IF YES, GIVE WAR OR DATES)

Hawkin

Baltimore

243-40-6026

166 SOCIAL SECURITY NO.

Lily 17. INFORMANT

15 MOTHER'S MAIDEN NAME

13d. INSIDE CITY LIMITS?

ulmonery metactases

CITY OR TOWN

March 6

, and that in (nge) (our) opinian death accurred an the date and haur and from the causes stated

Hendricks Record Springfield Hospital Center, Sykes, Md.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I: DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate cause (a), stating underlying couse

190 DATE OF OPERATION

21d. INJURY OCCURRED

DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

Numma

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a. /	CCIDENT WAS UNDERLYING
OR CO	ONTRIBUTING CAUSE OF DEATH
/ IF F	THER NOTICE MEDICAL EXAMINED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

Waren

20a AUTOPSY?

NO [ 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

NOT WHILE

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL DIRECTOR PHYSICIAN 22c. DATE SIGNED

220.1 certify that (this hospital) attended the deceased fram sow the deseosed alive on March 6

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

DHMH - 16 50M 1/81 (VRA 15, 4)

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23b. DATE

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FOR

REGISTRAR

- STATE

(VRA 15, 4)

INDUSTRY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE \_, and that in (m) (aur) apinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED 3-10-02 Burial Mar. 13, 1982 Trinity Lutheran Cem. Taneytown. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Tanky town FUMERCI

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME Middle Last (Type or print) Murtle Hoeltze 14 S. DATE OF BIRTH IF LINDER 1 YEAR 3. SEX 4. RACE 6. AGE (In years lost birthday) White 3-13-07 Female 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIEO NEVER MARRIED Mary Land ILSA WIDOWED TO OIVORCED TO 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) Coun during most of warking life, even if retired.) INDUSTRY should Westmingter 186 USUAL PESIDENCE (Where deceased lived, it institution; Residence before M3c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? Maryland 3521 Hillsmere Rd. 21207 14. FATHERS NAME 1S. MOTHER'S MAIDEN NAME First Last Frank Greninger Mollie Koontz 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Md. 21207 (Yes, no, or unknown) 216-48-2768 Mildred Triplett 3521 Hillamere Rd. Saltamore 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gave ) rise ta immediate cause (o). OUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 301 DIVISION OF VITAL RECORDS, 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 🗌 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY burial, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State While Nat while at wark causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Rénzo Ricci M.D.2893 Baltimore Blvd, Finksburg, Md 21048 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, Randallstown Balto. REMOVAL (Spezify) 3/16/82 Mt. Olive Cemetery 24. FUNERAL DIRECTOR Loring Byers Funeral DEFrectors 2Sq. REC'D BY REGISTRAR DATE MAR 1 6 1982 8728 Liberty Rd. Randallstown, Md. 21133 (VR A15 (4))

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LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

2:25

126 KIND OF BUSINESS OR

STEEL MILL

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 1 YEAR

INDUSTRY

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days

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COUNTY

(HONET)

22c. DATE SIGNED 03-22-82

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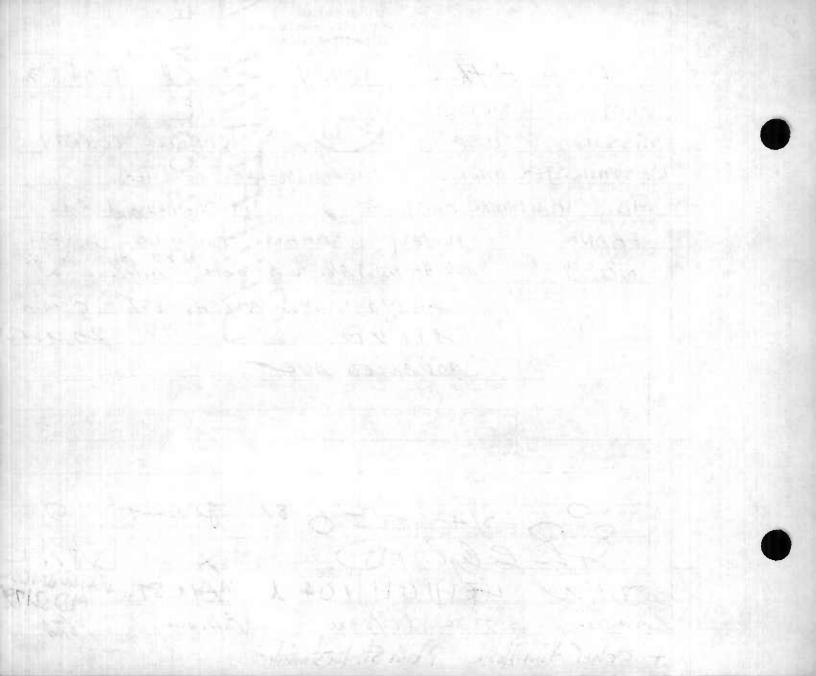
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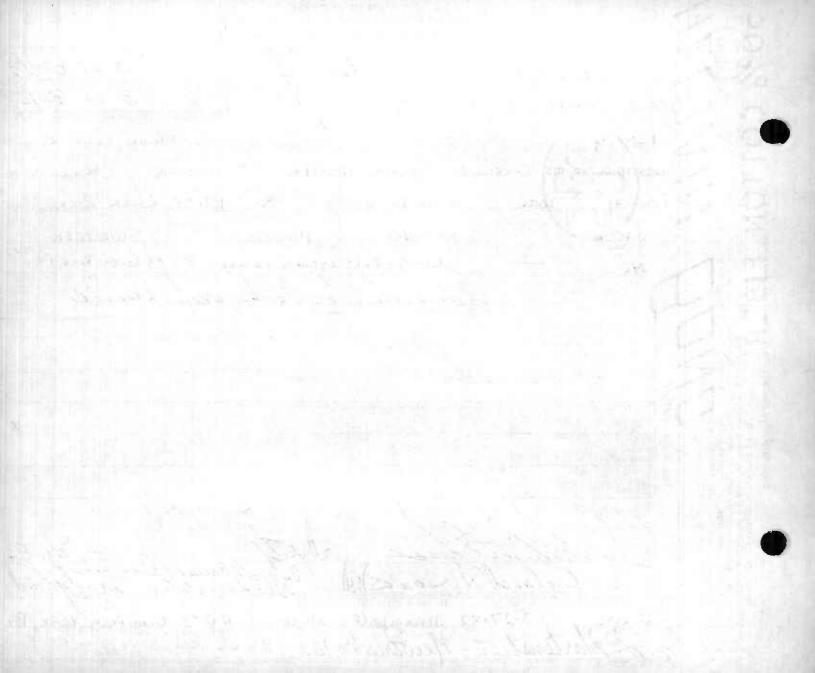
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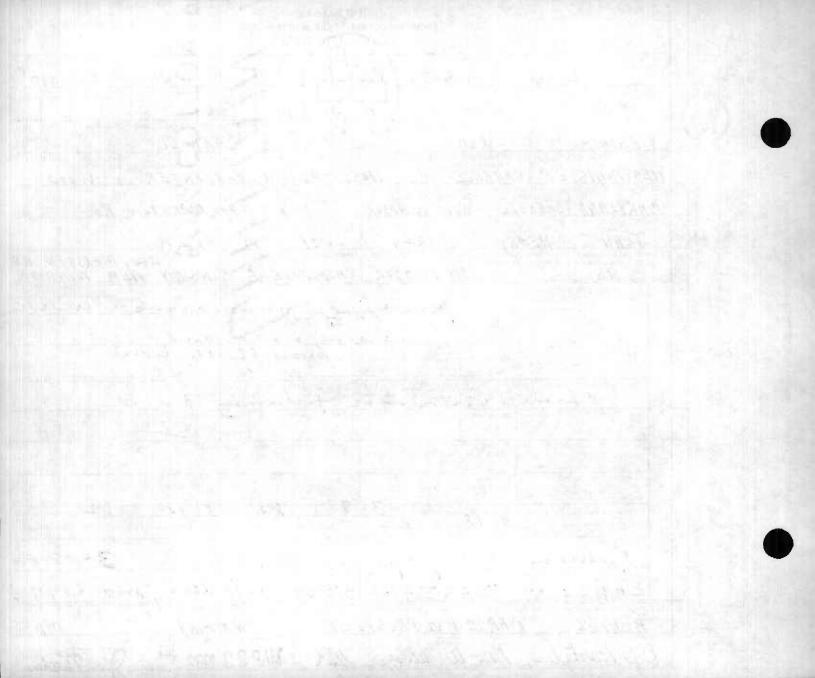
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.  1. DECEASED NAME FIRST MIDDLE REGISTRAR  REG. NO.  1. DECEASED NAME FIRST MIDDLE ALVING MIDDLE ALVING MIDDLE ALVING MIDDLE REGISTRAR  REG. NO.  1. DECEASED NAME FIRST MIDDLE ALVING MIDDLE ALVING MIDDLE ALVING MIDDLE REGISTRAR  REG. NO.  1. DECEASED NAME FIRST MIDDLE ALVING MIDDLE ALVING MIDDLE REGISTRAR  REG. NO.  1. DECEASED NAME FIRST MIDDLE ALVING MIDDLE ALVING MIDDLE REGISTRAR  REG. NO.  1. DECEASED NAME FIRST MIDDLE ALVING MIDDLE ALVING MIDDLE ALVING MIDLE ALVING MIDDLE ALVING MIDLE ALVING MID	1
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189-09-4243 LYDIA S. KEARNEY, R.D. #3 GLEN ROCK, P	1
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ate Dept		ECEASED-NAME First Middle Limit 20. DATE OF DEATH  Type or print)  August 25. HOUR  13401
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The state of the s		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED OF MARRIED OF
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ond 2 shaul	odn	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before lission) STATE Md. 13b. COUNTY CARROLL Westminster YES NO 12 647 OAK Tree. Rel.
20/06		FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Pauline Fishbach
ers. F		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or griknown) (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO.  216 01 2326 Edith KRAFF - Flestminster, Md.
priyacian carban pap any event,	1	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) CEREBRAL VASCULAR INSURFICIENCY  WEEKS
y the attending   please remave co remaval, and in a		Conditions, if only, which gove rise to immediate couse (0). Stoting the underlying couse tost.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove this to immediate couse (0). DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  CARDIO VASCULAR DISEASE  (1)
or remo		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO CAUSES OF DEATH?
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priar to	ME	21d. INJURY OCCURRED While Not while of work 1 Value of Work 1 Value 1
Hygiene		220. I certify that (1) (this haspital) attended the deceased from 3/9, 1982, ta 3/6, 1982, that (1) (we) los saw the deceased alive an 1982, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.
detached fo		226. ADDRESS  ATTENDING MED. STAFF DIRECTOR DIRE
shauld be of Health o	230	NAME (Type)  BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
まち 1/71 30M	24.	PEMOVAE (Specify) 3-19-82 Fouder Park Center Baltinone Ma.  PUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE  ADDRESS SIGNATURE
(VR A15 (4))	L	Harry W. Haight Syliswell Md. PDATE DER 22 1982 Many

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2g. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Virginia 24 82 Lippi 4 RACE 3 SEX DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) White 12 female 20 61 BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Carroll County MI WIDOWED DIVORCED II. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Westminster 2900 Birdview Road Homemaker OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e. STREET ADDRESS 3301 Chapman Road H3d. INSIDE CITY LIMITS? Baltimore Randallstown MD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Pobletts Frederick Greenwalt Bertha 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT <sup>7 INFORMANT</sup> Mrs. Evelyn Landis 9210 Colorado Ave., Randallstown, MD 21133 No 217-16-5793 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for Jo), (b), and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ 71n. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE ranuany 22a.1 certify that (1) (this tiospital) attended the deceased from sow the deceased alive on ... and that in (my) (com) opinion death occurred on the date and hour and from the causes stated 22b. SIGNA DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN PHYSICIAN 22e ADDRESS should b MPORT 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Randallstown 3/27/82 Mt. Olive Cemetery Burial 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Incharge Date RECID. BY REGISTRAN 251 REGISTRAN SAIGNATUR DHMH - 16 50M 1/81

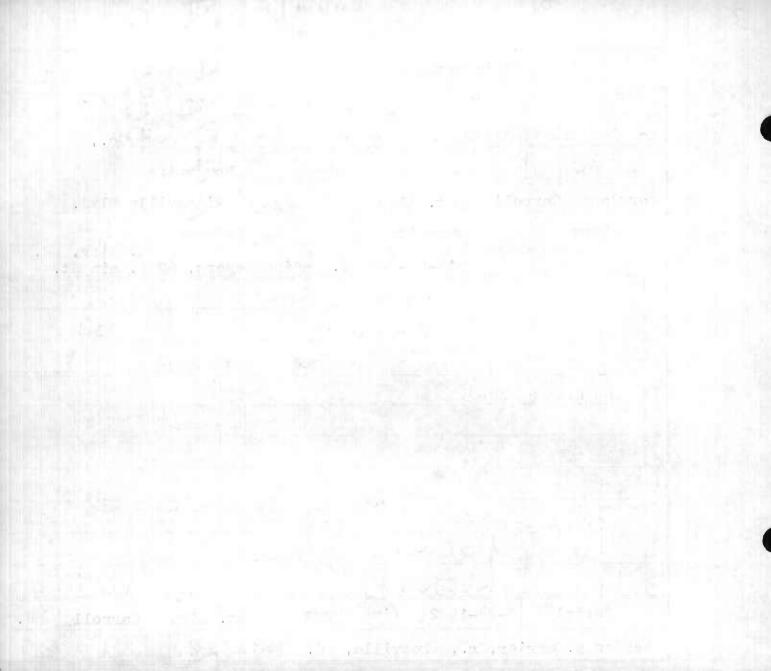
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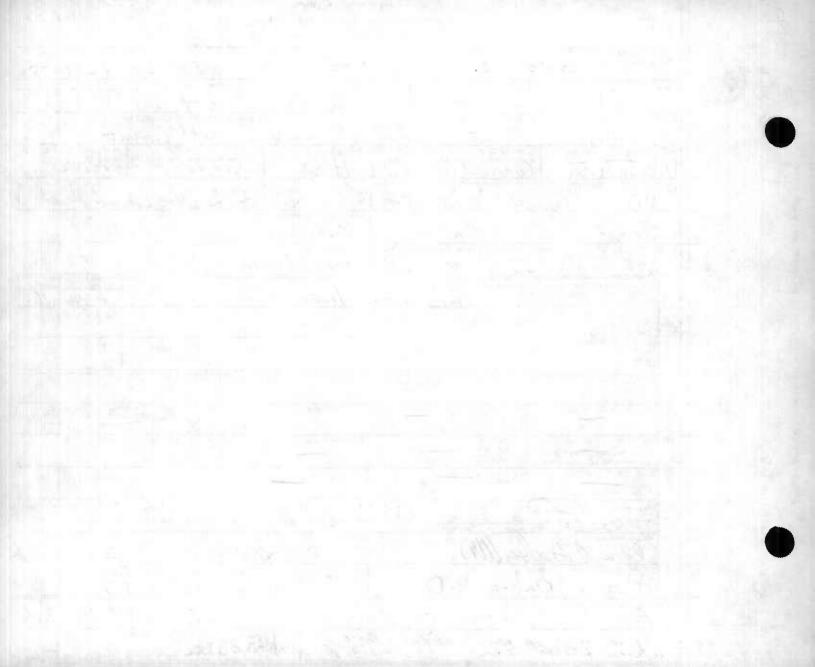
STATE OF MARYLAND

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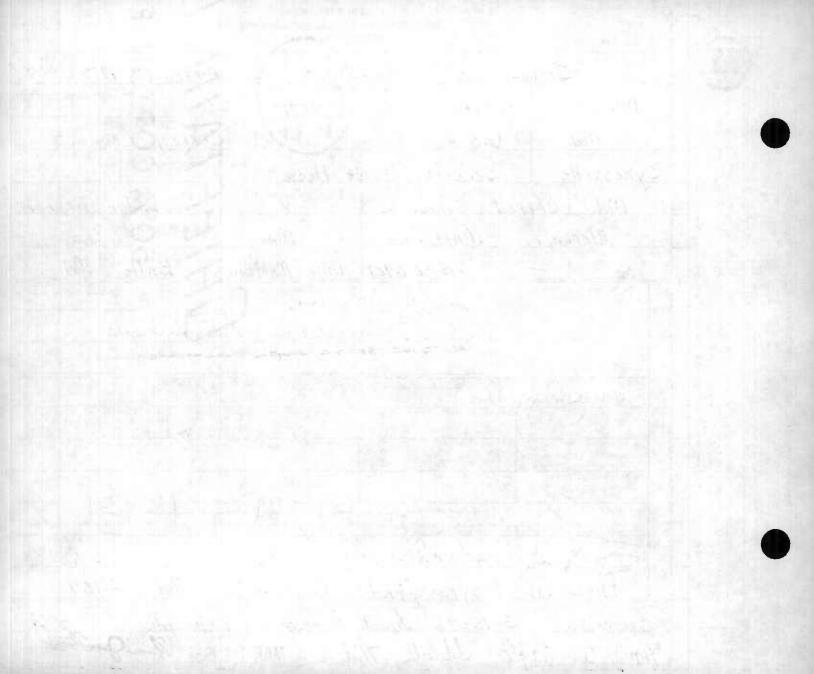




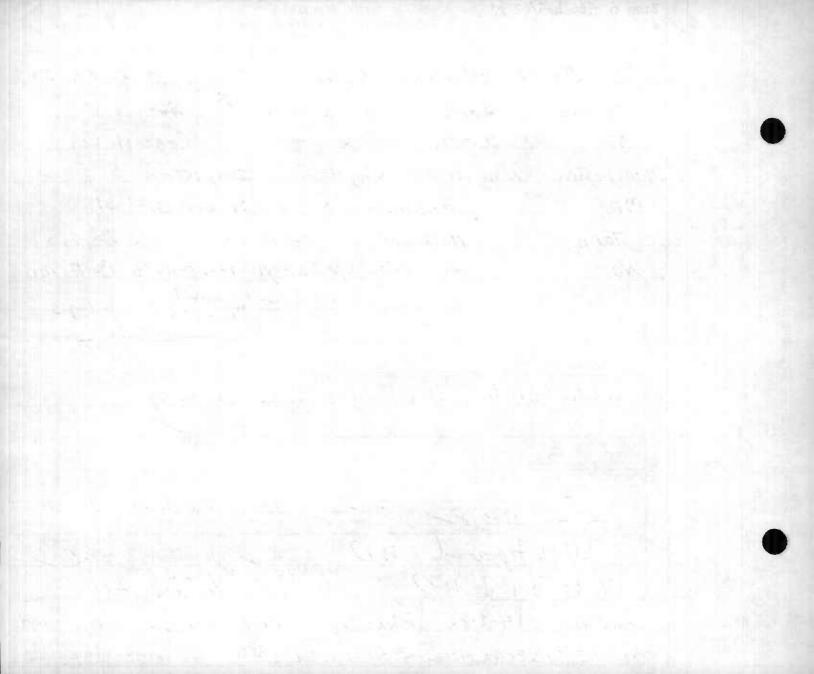
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		CEASED NAME FIRST	MIDDLE	mai	AST	20 DATE OF DEATH	MONTH DAY	982	11:15 P.
	3. SE		1 RACE White	5. DATE O		6. AGE (IN YEARS LAST BIRI	HDAY) IF UNI	DER I YEAR II	F UNDER 24 HRS
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	П	PARK W	1. Espens	chade	Westmir	ister, M	d. 2	1157	
	(	SURIAL, CREMATION, REMOVAL SPECIFY)	3-15-82	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION ATY OR LOWN	rella con	MIT .	ma.
11	24 FL	INERAL DIRECTOR NAME  AND	isht Sherr	11. 1	2d. MAF	REC'D. BY REGISTRAR	Thomas 9	Signally.	Th-

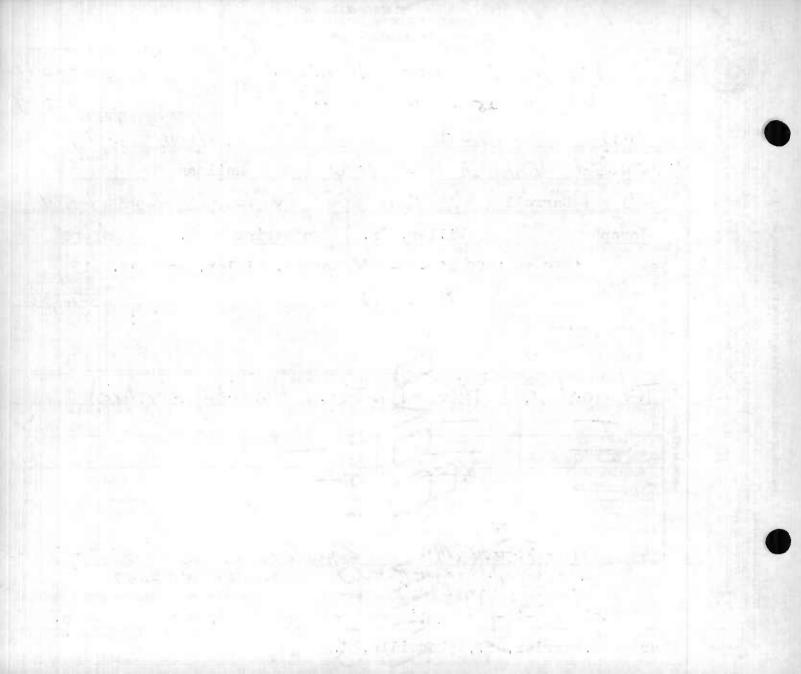
DHMH - 16 50M 1/81 (VRA 15, 4)

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	2	11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & U / U / U	1
	0	1 '	REGISTRAR CERTIFICATE OF DEATH	
	-	I. DE	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR	
	5 c c c c c c c c c c c c c c c c c c c	(TYPE	SARAh Holbrook, Meyls 3 29 82 6:30	0.
	. Page 4 may be I director, page 3 hours after death	3. SE		_
	dr, afte	0.02	MONTH DAY YEAR OF MONTHS DAYS HOURS M	IN .
	age	17 01	FEMALE White 4 13 1886 96 YRS	
	ath. P		INTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED . NEVER MARRIED . 9 BALTIMORE CITY OF COUNTY OF DEATH	
	de de		MD U.S.B. WIDOWED DIVORCED [ (ARED) CO.	MD.
	ē 9 3 9 1 /	10 CI	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	OR
10	by the	M	PANCHESTER / Long VIEW NURSING HOME Inspector	
BALTIMORE, MARYLAND 21201	1 0 0 m	USU/	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS	
2	filled ould ould	1	MD. BATTIMORE YES & NO 297 WEST, 3158. ST.	
YLA		14 FA	ATHER'S NAME IS. MOTHER'S MAIDEN NAME	
AR	3 0 7		John Holbrook Adelaide Bornes	
E,	5 5	160 V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	_
Q	e execu		YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
NE I	a o i lar			_
	physicia popersi noval.		18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEA  THE CAUSE OF DEATH WAS CAUSED BY	TH
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¥ I	JAN: The physicial physici	HH H	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	_
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ISIO		ME	WHILE ON THE STREET FACTORY, OFFICE, FARM, ETC.)  AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET CITY OR TOWN  COUNTY STATE	
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	Heo Lise		7/17/102	last
	ATTI Spirt CTC d for		above (II) kell did i did nati view the body after death.	3
	OR ho		226 SIGNATURE 221. DATE SIGNED ATTENDING MEDICAL STAFF 2/3/1/4	
	AL The Odero		PHYSICIAN DETRECTOR PHYSICIAN 3/29/82	
	NER De St		27d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS 3223 Mars 5	
	HOSE bined FUNI auld b		MITTOARD MAN Man-lo-te and 2/102	
1 1	TO HOSPITAL OR ATTEND retained by the hospital or TO FUNKRAL DIRECTOR. Ashould be detached for use with the State Dept. Ashould be MPORTANT: if them 21 is m	23a E	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	-
1110	/ BP	(	(SPECIFIT) CITY OR TOWN COUNTY STATE	1
100	/	24 FI	UNERAL DIRECTOR 256. DATE/REC'D. BY REGISTRAR 55 IGNATURE	_
	DHMH - 16 60M 1/75 (VR A 15 (4))	1 %	BURGEE FUNERAL HOME 3631 FALLS ROLL APR 1 1982	
		1 /-	JUN 17 F FUINTELL PIOME SOUTH LAND. 1011 A DVL	4





LAST

Miller

DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

MARRIED NEVER MARRIED

1897

DIVORCED |

REG. NO

20 DATE OF DEATH MONTH	DAY YE	AR 2b HC	DUR
3-2	4-8	2/14	45
. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1	YEAR IF UNE	DER 74 HRS
84 YRS.	MONTHS. D	AYS   MOUR	MIN.
BALTIMORE CITY OR COUNT	Y OF DEAT	Н	
Carroll Co.			MD
20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI		ND OF BUSI	NESS OR

O. BIRTHPLACE (STATE OR FOREIGN COUNTRYS W. Va. O CITY OR TOWN OF DEATH

FIRST

Rosa

136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Carroll

MIDDLE

RACE

White

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CH FACILITY, GIVE STREET ADDRESS

THE CITIZEN OF WHAT COUNTRY?

E.

Carroll County Gen'l Hospital SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Hamps tead YES [

WIDOWED

208 N. Houcksville Road NO BR 15 MOTHER'S MAIDEN NAME Virginia

S. ADDRESS. Kines

LYES NO OR UNKNOWN no

Md.

4 FATHER'S NAME

Tsaac

FOR

- STATE

(TYPE OR PRINT)

3. 5EX

13a STATE

REGISTRAR

Female

Westminster

DECEASED NAME

LIF YES, GIVE WAR OR DATES!

216. TIME OF INJURY

Hovatter

165 SOCIAL SECURITY NO 214-26-6182

17 INFORMANT

Mr. Virgil F. Miller, Hampstead, Md.

MIDDLE

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per life for ia), (b), and ic PART I. DEATH WAS CAUSED BY-300 IMMEDIATE CAUSE to Canditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOF

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)

COUNTY

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

190 DATE OF OPERATION

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1

21f LOCATION STREET

CITY OR TOWN

Main St. Westminy

STATE

22a. I certify that (I) (this haspital) attended the deceased from, sow the deceased alive an\_ abave, (1) (we) (did) (did not) view the body after death 226. SIGNATURE

DEGREE

Meadowridge Mem. Park

21.074

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

.19 . Ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED

CHITRACHEDUN

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY

STATE Md.

24 FUNERAL DIRECTOR

MEDICAL

WHILE

230 BURIAL, CREMATION, REMOVAL Burial 3-27-82

Eline Funeral Home, Hampstead. Md.

Baltimore

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

WW.					
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.			
	CEASED NAME	FIRST		MIDDIE	1	AST		20. DATE OF I	DEATH MONT	H DAY	YEAR	2b. HOUR
		Mil	dred	Min.	nick				3	20	82	0855
3. SE	X		4 RACE	U. W. J. J. 5	5. DATE C			6 AGE IN YEA	ARS LAST BIRTHDAY		DER I YEAR	IF UNDER 24 HRS
	Female		White	e	11	4 DAY	1914	67		YRS	HS DAYS	HOURS MIN.
	IRTHPLACE ISTATE OR F	OREIGN		WHAT COUNTRY?		D NEVER		12	E CITY OR CO		DEATH	
ID C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN	WIDOWE		NORCED _	120 USUALO	roll	T <sub>1</sub>	al KIND C	OF BUSINESS OF
0	Westmins	ter	Carr	oll Co.	ADDRESS) Gener		monor	TYPE OF WORK	ewife	KING LIFE)	Hon	
USU	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			1				
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14. F	ATHER'S NAME	Car.	COLL	Mescullu	ster.		S MAIDEN NA		nchor	Stree	T	
0	Alonzo		Phe	eabus			FIRST Cllius	Ann	MIDDLE Smi	th	LA5	51
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM			ADDRESS			
	IO		one Patricia Warrick 13e									
	18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) CARDIAC ARREST											MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate course ion, stating the underlying course lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF							121	Hours			
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MED	21d. INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e PLACE (	OF INJURY EET, FACTORY, OFFICE FA	ARM, ETC }	211. LOCATION STREET			CITY OR TOWN	C	OUNTY	STATE
	270. I certify that (1) (this hospital) attended the deceased from 19 76, to 3/2010 sow the deceased alive on 3/2010 ps 2, and that in (my) (our) opinion death occurred on the date and hour above. (1) (we) (did) (did not) view the body after death.  270. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN PIRECTOR PHYSICIAN							nd hour ond	from the			
23a. E	27d. PHYSICIAN'S NA BURIAL, CREMATION, 1			23c. N	JAME OF C	220 ADDRES	SS	23d. LOCAT				

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DHMH - 16 50M 1/B1 (VRA 15, 4)

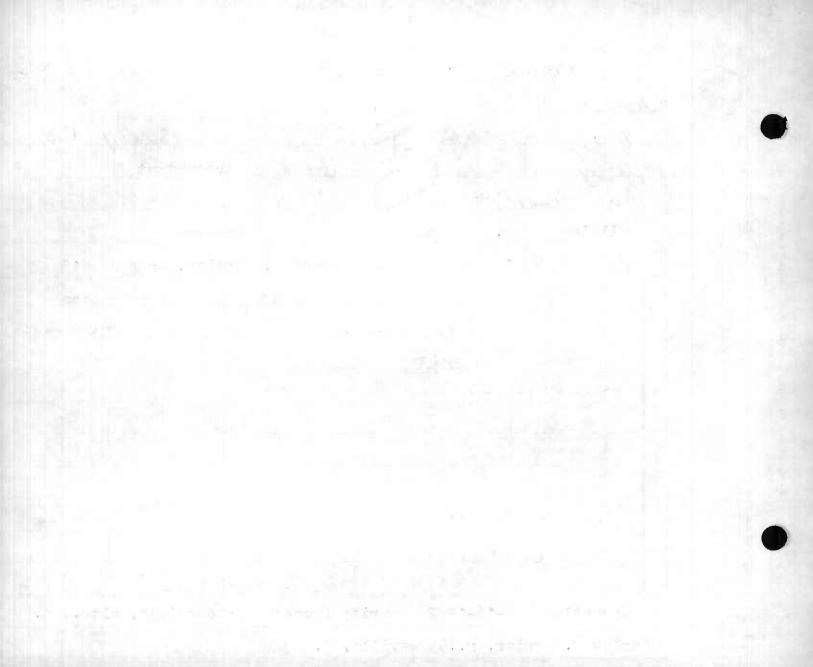
Burial
21 FUNERAL DIRECTOR
ROBERT Kyle Pritts

Uniontown

Uniontown MAR 2 9 1982

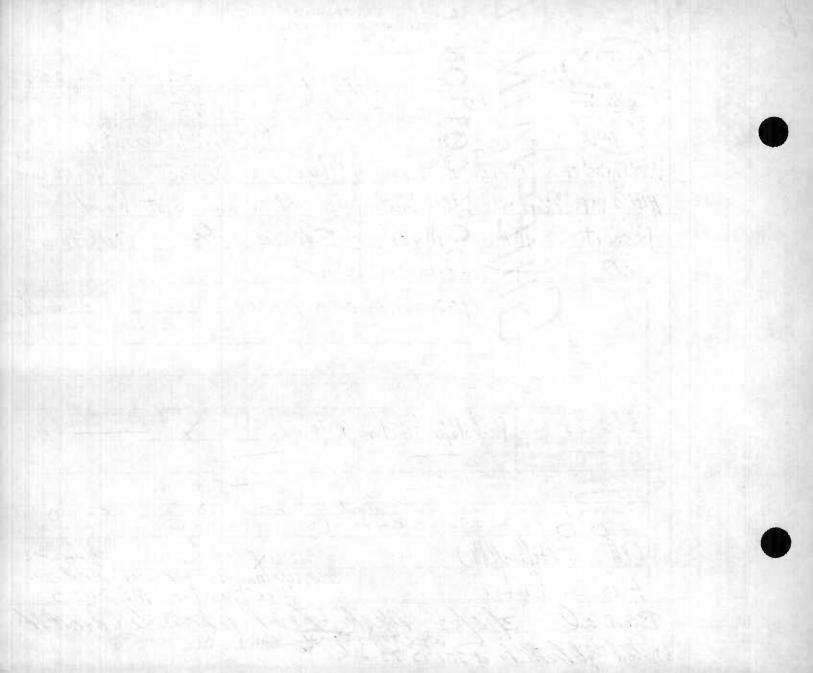
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3/		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTA	I HYGIENE 8 2	07077
	[]	STATE REGISTRAR CERTIFICATE OF DEATH		
e Di		EASED NAME FIRST MIDDLE LAST  Sonia M. Moore	20 DATE OF DEATH MON	3 /15/80 1045
4 шоу	3 SE	4 RACE S DATE OF BIRTH MONTH DAY YEA	6 AGE (IN YEARS LAST BIRTHDAY	401 28 1000 mm
Poge	70 B	THPLACE ISTATE OR FOREIGN 176 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	182
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by the filled will	m	Lain Pleasant Tiew Klsa Ho	(TYPE OF WORK FOR MOST OF WO Accountar	
filled in ould be	130	L RESIDENCE of Nursing Home or other institution, give residence before admission)  ATE 134 COUNTY 136. CITY OR TOWN 138 INSIDE CITY LIM  The rederick of the county of th	1 111170	Reddicord Po
mpletely ond 2 sh	I4 F.	William S. Moore 15. MOTHER'S MAID FIRST	EN NAME Unknown	LAST
Pages 1	16a \	AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT S. NOORUNKNOWN) (IF YES, GIVE WAR OR DATES) 1921-32:3953 Robert I	ADDRESS E. Wheeler, Sa	ame As #13
physiciar npapers. moval.		PART I. DE ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CES DIME	K	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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equires in signed Then pla r to burn injury, o	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART I(a)
bon.  bon.  hos been permit.	CERTIFICATION	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20 IN	IN IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
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OR AT on Post oched for oched for obept. o		22b. SIGNATURE SEGREE		22¢ DATE SIGNED
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TO HO retoined to FU should with th	220	WEIVIN J CORDON W 2000 CO  JRIAL, CREMATION, REMOVAL 123b. DATE. 1234 NAME OF CEMETERY OR CREMATE		21044
BP	230	URIAL, CREMATION, REMOVAL 33.6 DATE 3-16-1982 Security Proces		Le, Balto., Md.
DHMH - 16 60M 1/75 (VR A 15 (4))		NAME ADDRESS	So. DATE REC'D. BY REGISTRAR 250.	REGISTRAR'S SIGNATURE



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	1	FOR STATE REGISTRAR	D		IEALTH AND MENTAL HY		0.7	4 1 7
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milier o	3 SE		1 RACE	S. DATE (  MONTE	DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS D	YEAR IF UNDER 24 HRS
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10 E 10	V	AL RESIDENCE IN MURINION HOME O		THEHALL	Village	Nurse		ealth Cate
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prior t	CATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	70s: AUTOPSY7	20b. IF YES, WERE FIR	INDINGS USED
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PORTAN		Alva S. P	baker		m ADIS Wash	ington the	19/10/5 M	ed OH
5413-	13a. 1	URTAL CREMATION, PENOVAL	III DATE /	73: NAME OF C	EMETERY OR CREMATORY	AND LOCATION	110000	0)
	2	Surial	3/00/82	14en	the Son	A like	wall the	enol 14
I-1650M1/81 VRA 15, 4)	14.5	MERAL DIRECTOR	e of the	estoy	THE THE	KEIDBY 1982A	In facotate and	PERTURE.
NO 13, 4)	11	wood Kale In h	h to	15 The	well a			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Frederick R. 0/auco DEATH MATED 4 RACE SEX 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE FUNERAL DIFE 5 FOR YOUR D, WITHIN 72 W. PRESTON ST VEAD LAST BIRTHDAY) PRONOUNCED DEAD Nale Whi te 16 197 70 6h YRS 70 BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED HE NEVER MARRIED FOREIGN COUNTRY) Baltimore, Md. USA WIDOWED [ DIVORCED Carroll 2, AND 3 TO THE FUN 3. RETAIN PAGE 5 F 2 SHOULD BE FILED, W Co O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! Manchester 2034 18. GIVE PAGES 1, 2, AND 3 TO T WITH FORM PM. 3. RETAIN PA NT. PAGES 1 AND 2 SHOULD BE F DIVISION OF WEAL RECORDS., E. Deep Run Road Electrician USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO TH E. Deep Run Road Md Carroll Manchester 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE FIRST Frederick Polanco Mary Bennington 160. WAS DECEASED EVER IN U.S. ARMED FORCES? AL SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) no Mrs. Dorothy Polanco. Manchester. Md. 18 CAUSE OF DEATH (Enter only one cause a : PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D , 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 EXECUTE THE CERTIFICATE, WRITING THE W PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTME BALLIMORE, MARYLAND, 21201 PRIORTO HOUR A.M. MONTH DAY OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 71d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 72s I certify that I took charge of remains described above, held an Autapsy and in my apinian Inspection Undetermined manner damicide EXAMINER'S NAME TYPE OR PRINT 23a, BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 3-12-82 Hampstead Cemetery BP. Burial Hamns tend Carroll
356 REGISTRAR'S SIGNATURE Md 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** 1387 (VR A15 ME (5)) Eline Funeral Home, Ham stead. 15M 2/80

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Taneytown, MD 21787

(VRA 15, 4) 1/79

Skiles Funeral Home

STATE OF MARYLAND

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5	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🚣 🕠 🗸 🔾 🗸 ——————————————————————————————
d out	1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 220. Day Year 1992 Month 3 Doy 1992 0545 M
h Page h The S	3. SEX  F.  4. RACE  5. DATE OF BIRTH  Aug. 26, 1907  6. AGE (In yeors of purthdoy) of purthdoy) of purthdoy of the purthdoy o
ofter death  where funeral stilled with	76. BIRTHPLACE (State or foreign country) Maryland U.S.A.  78. MARRIED NEVER MARRIED S. COUNTY OF DEATH WIDOWED DIVORCED MIDOWED MIDOW
- n xael	Westminster    11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)   120. USUAL OCCUPATION (Kind of work done duri Housekeeper if retired.)   12b. KIND OF BUSINESS OR OWN home
within 24 within 24 ond 2 should gurs offer	13c. USUAL RESIDENCE (Where deceosed lived a multivation: Residence before odmission) Maryland Churchvillers X NO 13d. WSDE CITY LIMITS? 13e. STREET AND NUMBER Churchvillers X NO 14 Rockdale Ave.
executed with the complete of complete of complete of complete of the complete	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Lida Elva Mahan
be exect of and compers. Po	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no recombination) (If yes give wor or dates of service) (
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  5 PHYSICIAN: The law requires that the death certificate be executed within 24 hours at attending physician.  7 This certificate has been signed by the attending physician and completely filled in be as the burial-transit permit. Then please remave carbon papers. Pages I and 2 should tene priar to burial, cremation, ar remaval, and in any event, within 7 bours after death and 10 miles.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate cause (o), stating the underlying cause (o).  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ECORDS, 3	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES NO CAUSES OF DEATH?  21d. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIRY 121c. HOW INITIRY OF CHIRRED. (Enter nature of initiry in Part 2 or Part 2 Item 18.)
: VITAL RE  : The law physician. cate has tidl-transit a burial, c	DR CONTENSUTING CAUSE OF DEATH  (If either, notify medicol exominer)  DR CONTENSUTING PAUSE OF DEATH  P.M. HOUR A.M. Month Doy Yeor  19
rsician: Tending phecentical	While Not while of wark of war
oll oll ws us dygin	22a. I certify that (I) (this haspital) attended the deceased fram Fit 26, 19 £2, ta war 13, 19 £2, that (I) (we) last saw the deceased alive an war 13 19 £2, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death.
OR the I	22b. SIGNATURE  22b. SIGNATURE  22c. DATE SIGNED  22c. DATE SIGNED  3/13/82  22d. PHYSICIAN'S  NAME (Type)  3/13/82
ro Hospital retained by TO FUNERAL should be of Health o	230. BURIAL CREMATION, REPUTE AND Mar. 16, 1982 Cokesbury  231. NAME OF CEMETERY OR CREMATORY Abingdon  Md.
DHMH-16 1/71 30M (VR A15 (4))	24. FUNERAL DIRECTOR DD Hartzler New-Wiendow Md DATIVIAR 1 5 1982 Trances SCHATUR

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IMPORT

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medico

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 5. DATE OF BIRTH MONTH 12

l	TEME .				
	REG. NO.				
	20 DATE OF DEATH MONTH	DAY	YEAR	2b HOL	JR
	03 2	-3	82	012	5
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNI	DER I YEAR	IF UNDER	24 HR
3	58 YRS	MONTH	5 DATS	HOURS	M if
DX	9 BALTIMORE CITY OR COUNT	TY OF D	EATH		
	amou (	15720	elte		

Ta. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

4. RACE

MIDDLE

(IF YES, GIVE WAR OR DATES)

ancel

MARRIED NEVER MARRIE WIDOWED 11. NAME OF

(TYPE OF WORK FOR MOST OF WORKING LIFE) armel

126 KIND OF BUSINESS OR **INDUSTRY** 

ING HOME OF OTHER INSTITUTION

CITY OR TOWN OF DEATH

tampsteam

15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS MIDDLE

FATHER'S NAME IN U.S. ARMED FORCES?

215-36-8028

17 INFORMANT

Mr. Adam P. Rill, Hampstead, Md.

no

CERTIFICATION

MEDICAL

FOR - STATE

3. SEX

REGISTRAR . DECEASED NAME (TYPE OR PRINT)

> 18 CAUSE OF DEATH /Enter only one cause per lipertar (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)

arcmoma

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF	OPERATION
Hec	1981
	WAS UNDERLYING
On content	

Conditions, if any, which gove rise to immediate couse to, stoting the

underlying cause

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY 21c. HOW INJURY OCCURRED 211 LOCATION

cancel

CITY OR TOWN

21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.)

COUNTY STATE

220.1 certify that (1) this haspital attended the deceased from

NOT WHILE

DEGREE ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN |

and that in (my) (our) opinion depth occurred on the date and hour and from the causes stated

22c. DATE SIGNED

PHYSICIAN'S NAME

(SPECIFY)

Burial

23b. DATE

231. NAME OF CEMETERY OR CREMATORY Hampstead Cemetery

22e, ADDRESS

Hampstead

Carroll

HOSP

Md.

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Eline Funeral Home, Hampstead, Md.

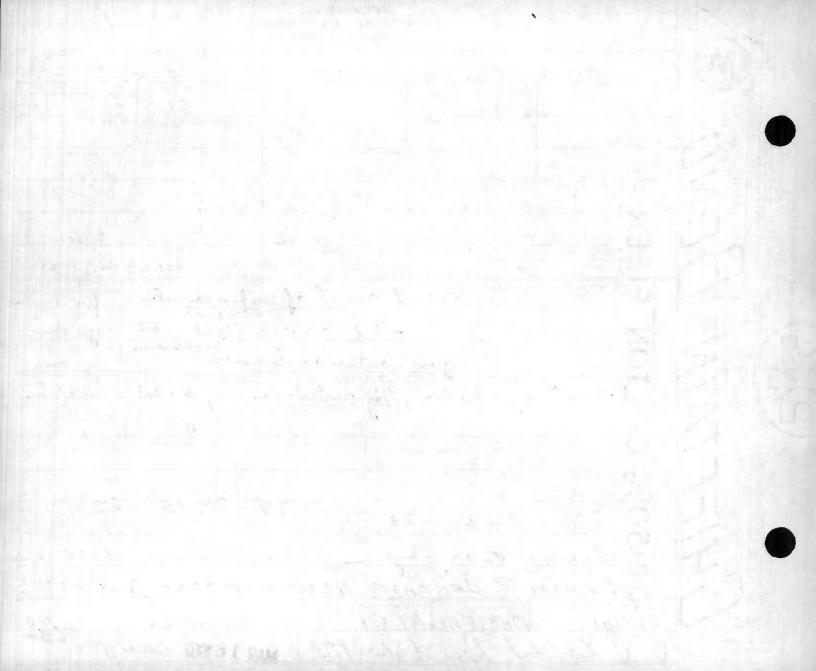
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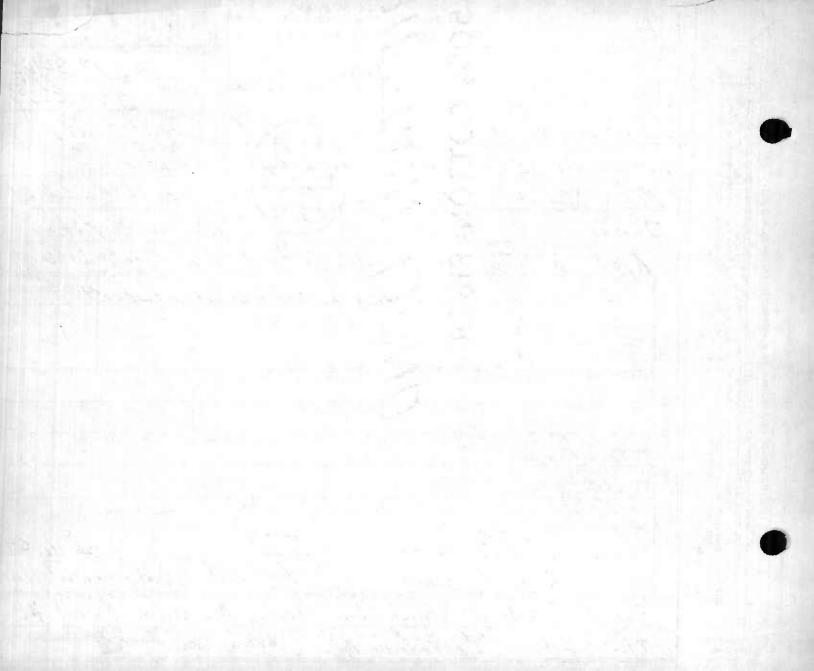
215-36-1822 12. Adde D. Hall, Harm Loud, Mil. Horsen bash and you do not something \$9-70-7 Files Bureryl Laws, Ha ontand, Md. 2107h

FOR

(VRA 15, 4)



1/	1	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  (1)	7 11 2 5
*	11-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	1 4 0 3
	1. DE	CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN	MONTH DAY YEAR TO HEAD
PLEASE ECTOR. FILES. HOURS STREET,		Jasper Woodrow Lowitson DEATH MATED	3 27 82402
	I SED	ale White MONTH 11-1921 6/18 ONTHS DAYS HOURS MIN: PRONOUNCED DEAD	3 27 19 823 7M
NECESSARY, FUNERAL DIR 5 FOR YOU!	C	RETHPLACE (STOTE OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   PROPERTY OR WIDOWED   DIVORCED   WIDOWED   DIVORCED	County MD.
DELAY IS TOTHE P N PAGE VBE FILED	10.0	lest minster Larrell County General Hegy Forward of pent to	OF WORK 12b KIND OF BUSINESS OR INDUSTRY
21201 F ANY DELY AND 3 TO RETAIN P HOULD BE	130. S	111d. CEIPEII NEW Windsor YES NO BY 2028 Price	k Church Rd.
DEATH. IF DEATH. IF PM 3.		TESSE MIDDLE ROLENTSON IS MOTHER'S MAIDEN NAME PRINTING	Baker
BALTIMORE, S AFTER DEA! GIVE PAGES ITH FORM PI PAGES I ANI	16a. V	VAS DECEASED EVER IN U.S. ARMED FORCES? 18. NO FOR LINKNOWN I IF YES CHEEN AS OF THE TOP TO SO THE TO SO THE TOP TO SO THE TO SO THE TOP TO SO	'n St. We stainsty
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RET. TO FUREATH, WITH FORM PM. 3. RET. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WEAL REALTH AND ARRIVADE.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	APPROXIMATE INTERVAL HIMPEN ONSET AND DEATH
FAL RECCOULD BE SID "PEND HIEF MEI HEALT CREATER IN HEALT	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " RED TO THE CHIEF RES SHOULD BE USE RES PREARMENT OF H OI PRIOR OUR PAIL	MEDICAL CERTI	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PAR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	YES NO
DIVIS THIS GER WRITIN VARDED PAGE 3 S TATE DEP	MED	21d. INJURY OCCURRED  21e. PLACE OF INJURY   AT HOME.  STREET. FACTORY, FARM, ETC)  21f. LOCATION  STREET  CITY OR TOWN	COUNTY STATE
CAL EXAMNER: THE CERTIFICATE, SHOULD BE FORV RAL DIRECTOR; RE, MARYLAND;		The Learning that I took charge of the remarks described Showe, held of Autapsy Inspection Inspection Inquiry and death resulted from the short of t	DATE SULFBZ
O MEDIO GECUTE AGE 4 % FIRR DE AUTIMO		EXAMINER'S NAME Richard Johes address Warvell County	1 benevel Horp
Bb———	(5	URIAL CREMATION, REMOVAL 236. DATE 3-30-82 Brick Church Ceine from Windson	· contarvol/stayh
DHMH - 17 (VR A15 ME (5) ) 15M 2/80	1-	UNERAL DIRECTOR  - The felic for f. H. James & Finisher M. 256. DATAS D. BY BEGISTRAR 256. REGIST  AND STREET OF THE STREET OF T	RAR S SCHATUR



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LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

20

20 DATE OF DEATH

REG. NO

AR	26	HOUR	ī

FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINTI

3 SEX

Eleanor H.

White

76 CITIZEN OF WHAT COUNTRY?

4 RACE

Shriner 5. DATE OF BIRTH MONITO

YEAR 1899

6. AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH

IF UNDER I YEAR

DE BIRTHPLACE (STATE OR FOREIGN COUNTRY Baltimore, Md.

Female

MARRIED NEVER MARRIED USA WIDOWED DIVORCED 1 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS

Carroll Co. 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE Clerical

MIDDLE

176. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

10 CITY OR TOWN OF DEATH Westminster

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY Balto

MIDDLE

13c CITY OR TOWN Hamps tead LAST

13e STREET ADDRESS NO TH IS MOTHER'S MAIDEN NAME

13d INSIDE CITY LIMITS?

19302 Resh Mill Road

14 FATHER'S NAME Andreas

underlying

Md.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Thistel 166 SOCIAL SECURITY NO

Carroll County Gen'l Hospital

Henrietta 17 INFORMANT

Rosanowsky ADDRESS

no

3a. STATE

(YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST

FIRST

212-03-8774

Mrs. Elaine Wallis, Hampstead, Md.

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY

CERTIFICATION

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5 FUNERAL Could be detective.

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IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate

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DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

YEAR MONTH DAY P.M. 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC )

IN CERTIFYING CAUSES OF DEATH? YES . 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20a AUTOPSY?

21f LOCATION

STATE

NO I

NOT WHILE 22s I certify that (I) (this hospital) attended the deceased from sow the deceased alive on\_ obove, (1) (we) (did) (did not) view the body ofter death.

12h SIGMALORE

Burial

24 FUNERAL DIRECTOR

214 INJURY OCCURRED

ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED

UNACANNA

E Maison wellowing MD2115

BP

DHMH - 16 50M 1/B1 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) 3-30-82 23¢ NAME OF CEMETERY OR CREMATORY Hampstead Cemetery

23d. LOCATION Hamps tead

Carroll

20b. IF YES, WERE FINDINGS USED

Md.

Eline Funeral Home, Hampstead, Md. 21074

-77

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

-leshor SELECTION, INC. LOCAL TO BE AND ADDRESS OF THE SECOND STREET, AND ADDRESS OF THE SECOND STREET, Isniveff | Led tono | I'mel rinnes | Lieuxed | redesignes Teach thin does SCECE. We have selected to the office of the 112-03-1178 She shine dillite, dines term, til. In Morrall bening and tendence bentannel State - Commi 

V	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 3 4	070	3 3
		Joseph Maltie	r Simonds	20. DATE OF DEATH		HOUR 1517M
(D)	3 SEX Male	4. RACE White	Dec. 8, DAY 1903	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER TYEAR IF LE MONTHS DAYS HO	UNDER 24 HRS
SE THE SE	In BIRTHPLACE (STATE OR FO	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRIED NEVER MARRIED  WIDOWED  DIVORCED [	9 BALTIMORE CITY O	R COUNTY OF DEATH County	MD
of the state of th	Westminster		RSING HOME OR OTHER INSTITUTION REET ADDRESS) Unty Gen. Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Engineer		
1133	UAL RESIDENCE LIF NURS	ME OR OTHER INSTITUTION GIVE RESIDENCE BE COUNTY 134. CITY OR T Glynd	OWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 316 Cent	ral Avenue	
1 TOBO	14 FATHER'S NAME Joseph	M. Simonds	15. MOTHER'S MAIDEN N	AME MIDDLE	McKenzie	
Page 1	16a WAS DECEASED EVER IT	N U.S. ARMED FORCES? 166 SOCIAL S		616 Chu	rch Road	100
equires that the death car is signed by the attending Then please remove carbs to burial, cremation, or re njury, or other traumatic	Conditions, if ony, gove rise to immucause (o), stating underlying couse	the lost (c)	choselastir plea	RMINAL DISEASE OR CONE	DITION GIVEN IN PART 110	
he low re bos been t permit.	190 DATE OF OPERATI	ON 196 CONDITION FOR WH	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO	
2 E E E E E / /	OR CONTRIBUTING CA	HOUR A.M. MONTH LEXAMINER)  P.M.  21e. PLACE OF INJURY	19 211 LOCATION	JRRED (ENTER NATURE OF INJUR		STATE
O HOSPITAL OR ATTENDING etained by the hospital or off TO FUNERAL DIRECTOR: After should be detached for use as 1 with the State Dept. of Health of MADORTANI; if them 21 is market	220.1 certify that (1) (	this hospital) attended the deceosed from the solution of the	DEGREE ATTENDING		ote and hour and from the cous	
sho of sho	23a. BURIAL, CREMATION, R		31 NAME OF CEMETERY OR CREMATOR	CITY OF TOWER	Dala COUNTY MA	STATE
DHMH - 16 50M 1/81	Burial  H FUNESAL DIRECTOR A	April 3,1982	St. Thomas Cem.	Garrison ATE REC'D. BY REGISTRAR	Balto., Md.	
(VRA 15, 4)	ALJ 500.	Owings Mi	lls, Md.	K 5 1982 A	name Jan 1003	No.

product 1927 Com onesol. -.00 Margiand U.S.A. vicuol House) Westminster Couroll County Dem. Hospital Lagineer Md. Highways Admin. Nd. . Beltimore dlyndom . X . 326 Centrel avenue Joroni, M. Hannel Harmel M. Honol, pare normal and 220-36-8618 Timel M. Siennes Beantarstown, Mr.

April 5,1982 it Thomas Com. Carrison, Balto. Md.

Owings Mills. Ed.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR LIVPE OR PRINTS 0903 Evel vn Elizabeth Smith 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHUAY) 14 Female White 67 O. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland WIDOWED Carroll 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Carroll County General Westminster nursing private GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Linwood Maryland Carrol McKinstry Mill YES [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MICOLE LAST EIRST Stern Harry Woodward Francis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 423 McKinstry Mill Rd. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Smith No Linwood. none APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for iai, (b), and ic PART I. DEATH WAS CAUSED BY Carding IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which

gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?

21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE FARM ETC.)

NO YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21f LOCATION CITY OF TOWN COUNTY STREET

pergrama

IN CERTIFYING CAUSES OF DEATH?

NO F

STATE

worth 29 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (and not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING

27 19 52 10

224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS JOHN

St. Westween

YARENE 230. BURIAL, CREMATION, REMOVAL 23b. DATE

220.1 certify that (1) (this haspital) attended the deceased from

23c. NAME OF CEMETERY OR CREMATORY

Theaton Pipe Creek Cemetery New Windsor

DHMH - 16 50M 1/81 (VRA 15, 4)

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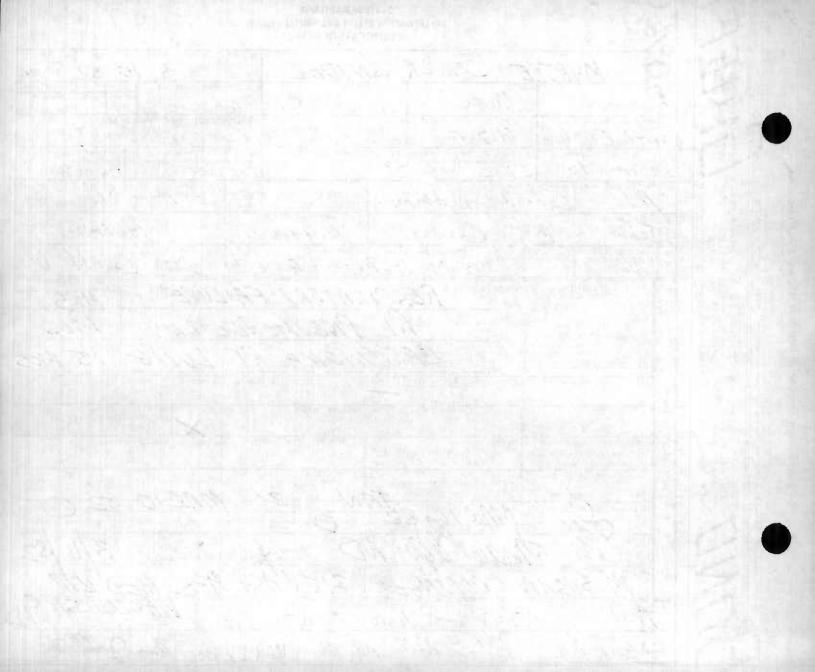
PHYSICIAN DIRECTOR PHYSICIAN

Evelyn Elizabeth Seith - [ ] N Consider the state of the second florest best tell Westerness Carroll County General Hosp. nursing . Thirtyake be the western the way of the boowning the best bestyred Starm Francis Addington Miller Miller. gone id -11-11 Charles I Said Line of the

Surini S/31/32 Pipe Greak tenebury New Window Terregil Ho

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH 2b HOUR MONTH TYPE OR PRINTI 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED 6 69 69 DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 10 e 48360 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY filled ould b 13d INSIDECITY LIMITS? 139 STREET ADDRESS NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Poges (YES, NO OF UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUE Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO OR AS underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR nto OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. ò 21d. INJURY OCCURRED 21s PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY orked NOT WHILE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. STATE WHILE AT WORK from 2. and that in 220.1 certify the this hospital) attended be receased from DIRECTOR (my) our) opinion death occurred on the date and haur and from the causes stated New the bady after dear 225 DATE SIGNED ATTENDING" STAFF \* MEDICAL FUNERAL ( PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRIN 22e ADDRESS 0 231. NAME OF CEMETERY OR CREMATORY 23a. BUBIAL, CREMATION, REMOVAL 23b. DATE BP. STRAP 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

retained by the hospital or attending physician.

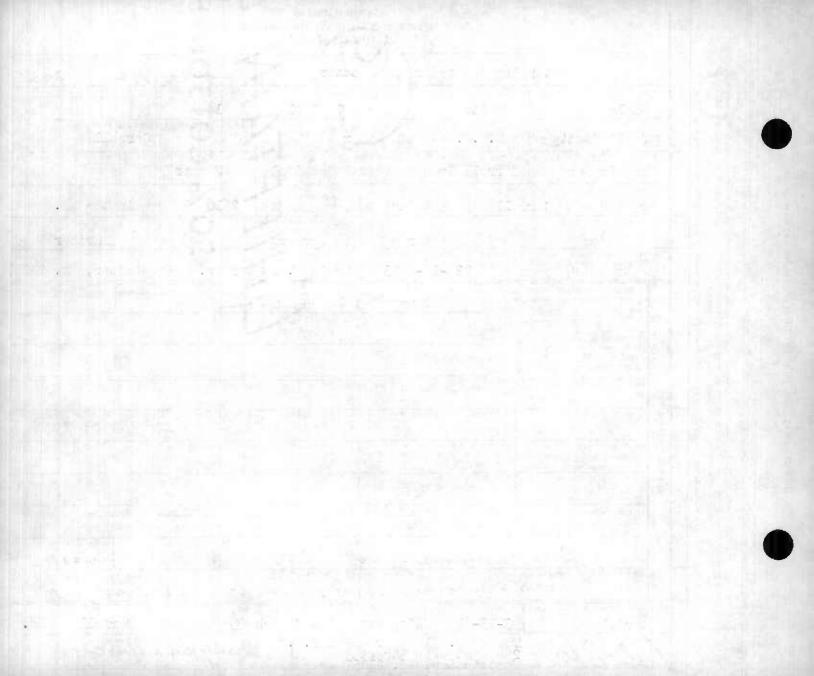
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGISTRAR		CERTIFICATE OF DEATH  REG. NO.									
L DECEASED NAME	FIRST	WIDDLE		LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR						
TIPE OR PRINT)	Sterling	Theodore	5	Stater	Juan 20	1158	2	2036			
SEX	4. RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST 88	THOAY	IF UNDER 1 YEA				
Male	1,h	te	May	7 ° 1901 EAR	81	YRS.	MONTHS DAY	S HOURS MIN			
BIRTHPLACE (STATE O	FOREIGN 76 CITIZEN	OF WHAT COUNTRY?	8		9 BALTIMORE CITY		Y OF DEATH				
carroll Cou	nty U.S	.A.		D I IEVER MARRIED DIVORCED		Ca	rroll				
CITY OR TOWN OF D	HE NOT IN		IG HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS O			
Westminste				enl Hospital	(TYPE OF WORK FOR MOST	IF WORKING L	LIFE) INDUSTR				
Sual RESIDENCE (IF NO Sary land	13b COUNTY Carroll	13t. CITY OR TOW	N,	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	Mash	ington	Rd.			
FATHER'S NAME				15 MOTHER'S MAIDEN NA							
Adam	Edward	Stater		Barbara	WIDDIE		Shr	iner			
	R IN U.S. ARMED FORCES		IRITY NO.	17 INFORMANT	ADDŘ	ESS					
THE HOOR UNKNOWN)	(IF YES, GIVE WAR OR DATES	220-16-22	223	Edwin S. Sta	ater Sr. W	estmi	nater,	116. 211			
IN CAUSE OF DEA	ATH (Enter only one couse WAS CAUSED BY	ner line for in this on	dien				APPRO	DXIMATE INTERVAL N ONSET AND DEATH			
PART 2 OTHER SIG	(c)	CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	inal disease or con	DITION GI	IVEN IN PART	110			
19a. DATE OF OPER	ATION . 196 COP	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES	DINGS USED ES OF DEATH?			
	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)				
OR CONTRIBUTING LIFETHER NOTIFY ME  21d INJURY OCCU WHILE NOT N AT WORK	VHILE TO TAT HOME	CE OF INJURY STREET, FACTORY OFFICE, F	ARM, ETC )	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
sow the deced	l) (this hospital) attended sed alive on (did) (did not) view the ba	_ 20 10		nd that in (my) (our) opinion				thot (I) (we) lone couses stoted			
22b. SIGNATURE	Jun S.	Larston	, me	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22t. DAT	20/82			
22d. PHYSICIA	JAHN F.			220 ADDRESS  Sauche  EMETERY OR CREMATORY	AT. ESSE	two	ten .	rul.			
Burial				thodist Church	10 -111	ter	Carrol	l Md.			
FUMERAL DIR	Cl Thoma 254, I		tree!	Son F.H. 250 DAT	WAR 274 198		TRAR'S SIGN	ATURE WITH			

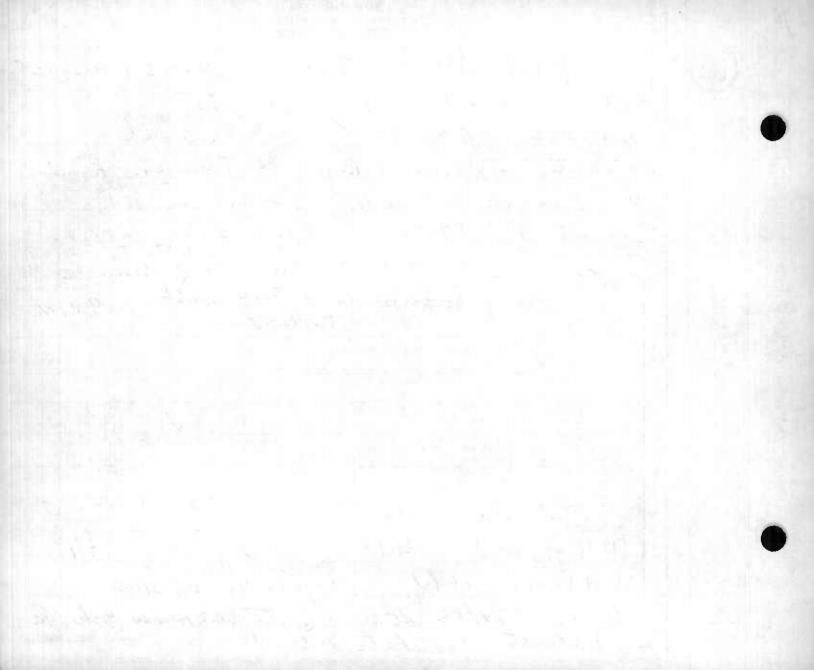
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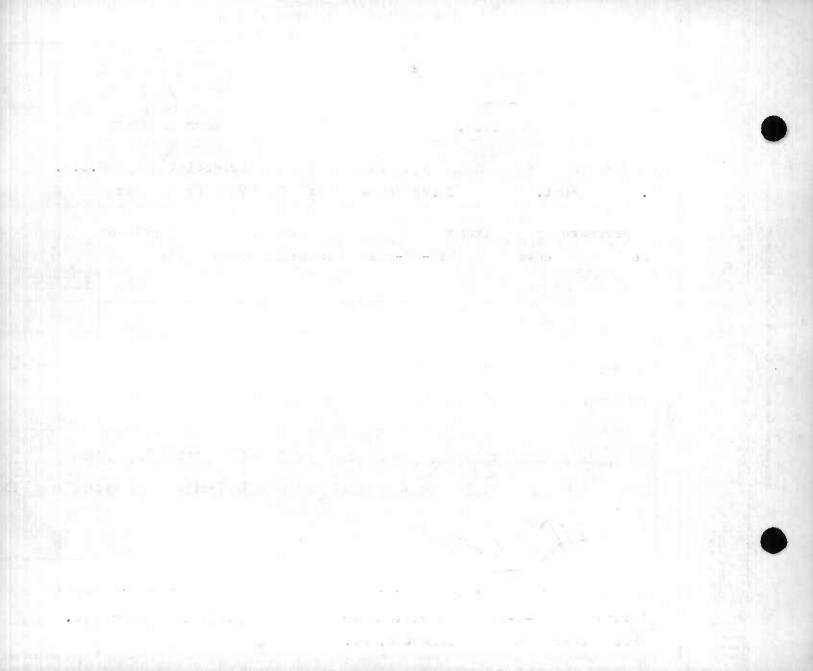


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 1150 3. SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 5. DATE OF BIRTH MONTH YEAR COUNTRY ISTATE OR FOREIGN OF WHAT BALTIMORE CITY OR COUNTY OF DEATH COLINTRY MARRIED NEVER MARRIED WIDOWED DIVORCED IR CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS AFATHER'S NAME 5 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating the other DUE TO, OR AS A CONSEQUENCE OF 201 W. underlying cause lost 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? pri 00 IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ lental Hygie sho 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 He 20 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR YOWN COUNTY STATE NOT WHILE marked WHILE AT WORK AT WORK 220.1 certify that (this haspital) attended the deceased from .5 DIRECTOR haspital sow the deceased of (our) opinion death occurred on the date and hour and from the causes stated and that in my 40 well (did ) did not i view the body ofter death SIGNATURE DEGREE \* ATTENDING MEDICAL be deto e Stote [ FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS should by IMPORT/ 1102 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY LOCATION 23b DATE BP 24. FUNERAL DHMH - 16 60M 1/75 (VR A 15 (4))

STATE OF MARYLAND



15		11-	FOR STATE		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 0 7 0 9 4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
			REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE	KAMINER	LAST	CATEO			. NO.	TH DAY	YEAR	81 HOUR
	W-1-1		E OR PRINT)				v				OF ESTI-	MONI			26 HOUR
	SAFER	3. SE)		RACE Ebe	rhard Is. Date Of Birth	Georg	AGE (IN YEARS	Trams UNDER 1 YR.	IF UNDER		DATE	MONT		19 82 YEAR	2d HOUR
	S. S. F. S. I.	m	ale	white	1-30-19	YEAR		ONTHS DAYS	Hours	MIN. PRON	OUNCED DEAD	3	28	1982	3:20P
	SSA SA PA	70 BI	RTHPLACE (STA	TE OR	76. CITIZEN OF WI		V2 0	ARRIED IN NE	VED ALADDIE		LTIMORE CIT				
	WITH WAS A	G	ermany		U.S.A			OWED	DIVORCE		arroll	Count	y		MD.
TE E	の に に の に の に の に に に に に に に に に に に に に	10 CI	TY OR TOWN C	OF DEATH	II. NAME OF HOS			OTHER INSTITU	TION	12a. USUAL O	CCUPATION F WORKING LIFE)	(TYPE OF WOR	12b. KIN	ND OF BUS	
	ASSET OF	W	estminis	ster	Field/re	ar 150	OIndian'	alleyTr	rail	Scier				.н.	
21201	ATH. IF ANY DELAY IS NECES S.1, 2, AND 3 TO THE FUNED PM. 3, RETAIN PAGE 5 FOR ND 2 SHOULD BE FILED. WITH VITAL RECORDS. 201 W. PRE.	13a. S	AL RESIDENCE (I	COUN	OR OTHER INSTITUTION, GIV NTY		r TOWN Chase	13d. INSIDE (	NO [	47151	Poressan	Driv	е		
WD.	H. #	14. F/	THER'S NAME		MIDDLE	LA	ST.	15. MOTH	ER'S MAIDE	N NAME	WIDDLE		Į.	LAST	
	DEAT PREST	2		nhard	Tra			F	Elsa			prigo			
BALTIMORE,	FTER FOR FOR JES 1	16a. V	VAS DECEASED ES, NO, OF UNKNOW NO	EVER IN U.S. AR	MED FORCES?  WAR OR DATES)  One		32-7712	17. INFOR		Trams	ADDR 13e	ESS			
BAL	SS AN GIV PAC SIVIS									22 00			4.0	PROXIMATE	IN ITEDIZAL
57.	A 18.		PART I DEA	ATH WAS CAUSE				union						VEEN ONSET	
PRESTON	1 PER CGIEN		041	1 IMMEDIA	TE CAUSE (a)  DUE TO, OR		ple inji	iries							
PRES	THIN CILIN NASI REMC			s, if any, which									1		
` ≥	PENCH		cause (a) s	ta immediate		AS A CONSE	QUENCE OF	2.5							
. 201	P EXAL ION,		lying cause	e idst.	(c)						15.8				
OF VITAL RECORDS	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. USED AS BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SOF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RIAL, CREMATION, OR REMOVAL.	NO O	PART 2 OTNER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO OEATN	BUT NOT RELATE	TO THE TERMINAL O	SEASE OR CONDITIO	N GIVEN IN PAR	T 1 tot.					
1 8	INER: THIS CERTIFICATE SHOULD FICATE, WRITING THE WORD "PEI-CATE, WRITING THE CHIEF M. E. FORWARDED TO THE CHIEF M. TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD AND, 21201 PRIOR TO BURIAL, C.	CERTIFICATION	190. DATE OF C	OPERATION	196. CONDIT	ION FOR W	HICH OPERATIO	WAS PERFOR	RMED?				20 A	UTOPSY?	
VIT	7 8 9 9 5 8 T	FE	21a. EXTERNAL	CALLETIALAS	21b. TIME OF		Ya							ES XX	NO 🗆
90	S TANEN S		UNDERLYING	OR	HOUR A.M	MONTH D	AY YEAR	. HOW INJURY							
DIVISION	RTIFI NG T SHO SHO RIOR	MEDICAL	CONTRIBUTING	G CAUSE OF	DEATH 2:15 PLACE C	M 3/	2819 82	ront se	eat/co	-pilot	seat/				- d
DIV	REPER SOL	ME	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ETC.		STREET	dianVa	alleyTr	OR TOWN		COUNTY M.		
	E, WARAWARWA STA', 213		ATTORK		x fiel		ar of I					_		Juan	للوا ا ن
	AN PARENTA		death resulted		ge of the remains des	Г		tapsy XX	Inspection		juiry LJ,	and in my	apinian		
	AN HER BER	1	, death resulted	T/Y	ra causes	Accident	Suicide		SPECIFY)	Undetermine	ed manner [				
	HCAL EXAMELE CERTILE SHOULD BE EXAL DIREC EATH, WITH SHOULD SEE THE CERTILE SHOULD SHO		ACTUAL SIGNATURE	OTA	Jua	TO		MDASSI		MEDICAL E	XAMINER	DAT	NED 3	/28/8	32
	DEA. STEET	-	EXAMINER'S N	14445					- 4-		. MAMILY ER	3.0			1
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BALTIMORE, MARKIAND, 2		(TYPE OR PRIN	T)			M.D.	ADDRESS_				alto.	MD_2	1201	
	<b>EDS E S S S S S S S S S S</b>	23a. B		ION, REMOVAL	23b. DATE		ME OF CEMETE		ORY	23d. LOCATION			OUNTY	STA	TE
FFA	BP	24 FI	Buria:		4-1-82	Chr	ist Chu	rch	25a. DATE P	Tittle	STRAR 1256 R	Adam		DREAL	
5500	DHMH - 17 (VR A15 ME (5))	-			L Home Ne	stmin	ster, M			APR 1	1982	fran	( )	URE	
	15M 2/80							-		-	1000		1		



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral disshould be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other traumatic event, the medical

deoth. Poge 4 moy be

requires that the death certificate be executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician. FOR

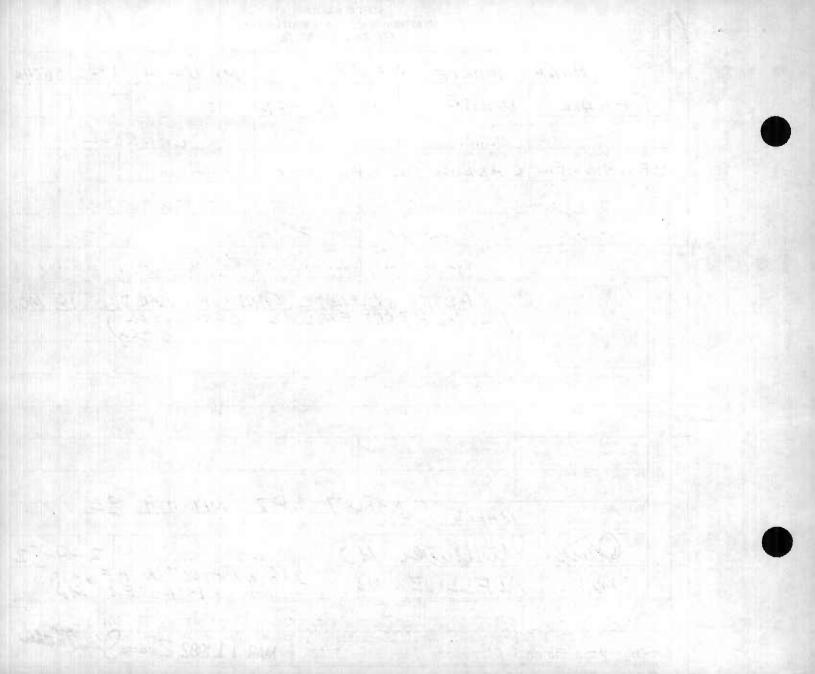
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

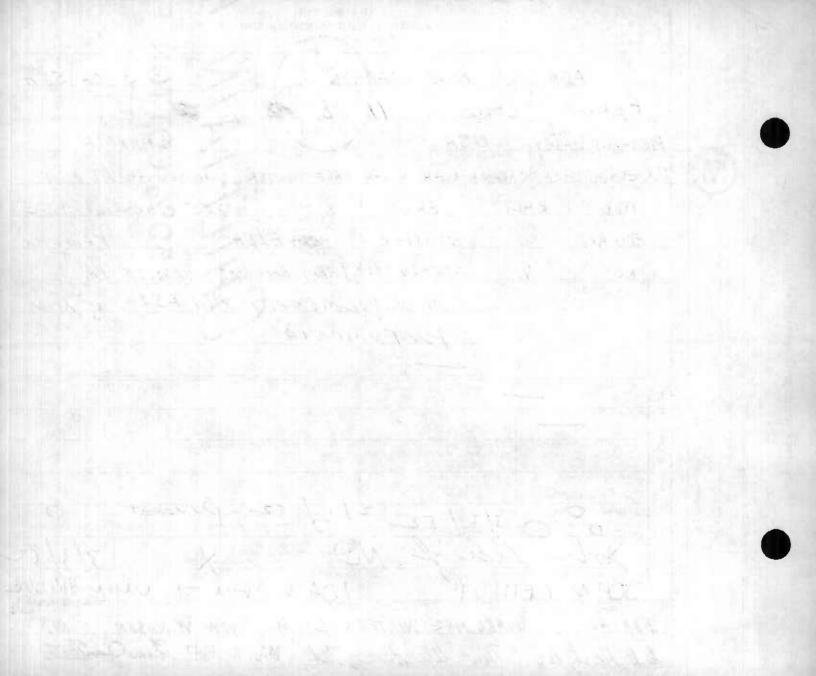
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	
I		CEASED NAME FIRST	WIDDLE	1. 0	AST	20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR
I		ANNA	MARIE	WAL	SH	MARCH	- 9 1982	0604A
П	3. SE)		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
1		FEMALE	WHITE	MONTH	- 22 -189	96 85	YRS MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OF FOREIGN	16 CITIZEN OF WHAT COL	INTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
0		MD	U.S.A.	WIDOWE	to or man	1 6	ARROLL	MD.
	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C		12a USUAL OCCUPAT	ION 126. KIND C	F BUSINESS OR
1	W	ESTHINSTER	CARROLL	CO. 6	EN HOSP	(TYPE OF WORK FOR MOST OF Homemake		
7	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN		CE BEFORE ADMISSION)	124 INISIDE CITY I DATE			
þ		MD Carr		sville	13d. INSIDE CITY LIMITS		ne Knob Road	
1	4. FA	THER'S NAME			15. MOTHER'S MAIDEN	NAME	10 11/10/0 1/10/00	
		Frederick		idlich	Carol	ine	Kelpz	iT
T		AS DECEASED EVER IN U.S. AR		L SECURITY NO.	17. INFORMANT	. Marie Conno		
1	(,	No -		0-1754	1618 Pine K	nob Rd., Syke	esville. MD 2	21784
f		18. CAUSE OF DEATH (Enter on	ly one cause per line for (a),					MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAUSE			ENOTE C	ARDIOVASLU	ILAR DIL	19 MO.
		4292	LE CONCOR	HEART		- CARDIO		7.57
1		Conditions, if any, which	(b)	46 BOY OF 14 GEO GF			CHOCK	
1		gove rise to immediate	DUE TO, OR AS A CON	ISECUENCE OF				
1	19	underlying cause last.	DOE TO, OR AS A COL	ASEQUENCE OF				
		PART 2 OTHER SIGNIFICANT C	DITION GIVEN IN PART 110					
	CERTIFICATION							
1	CAT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN	
	TIF					YES NO	IN CERTIFYING CAUSES YES	NO [
	CE	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	TH DAY VEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	
П	N N	OR CONTRIBUTING CAUSE OF DEA	in .	19				
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY,		21f. LOCATION	CITY OR TO	OWN COUNTY	STATE
1	2	AT WORK NOT WHILE AT WORK	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET CO	- 4.00.1	1.0.	STATE
		22a I certify that (I) (this haspi	ial) attended the deceased	from MAK	198	2 to MAILLY	19 1802	that (we) lost
1		sow the deceased alive on above, (I) (we) (did) (did no	MARCH	_19 <u>%Z, on</u>	d that in (my) (our) opinio	on death occurred on the do	ote and hour and from the	couses stated
1		226. SIGNATURE	OII. M		DEGREE		22t. DATE	SIGNED
		Hurch	y ways	er is	ATTENDING PHYSICIAN			9-82
1		22d PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS 7 1 C	MACHINI, 7	ON HEVE	70
	- 1	DHIVIELL	. WELLI	IEN MI	2.0	NECTIMI	NCTEAL	18
					L			111
1		URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CI	METERY OR CREMATOR	Y 23d LOCATION	13/10/10	
1		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 3/11/82		emetery or cremator r Cemetery	Y 23d LOCATION Woodlawn	Balto.	MD
	(5	SPECIFY)	3/11/82	Woodlawn	n Cemetery	y 23d LOCATION CITY OF TOWN WOOD CAMP		MD

DHMH - 16 50M 1/81 (VRA 15, 4)

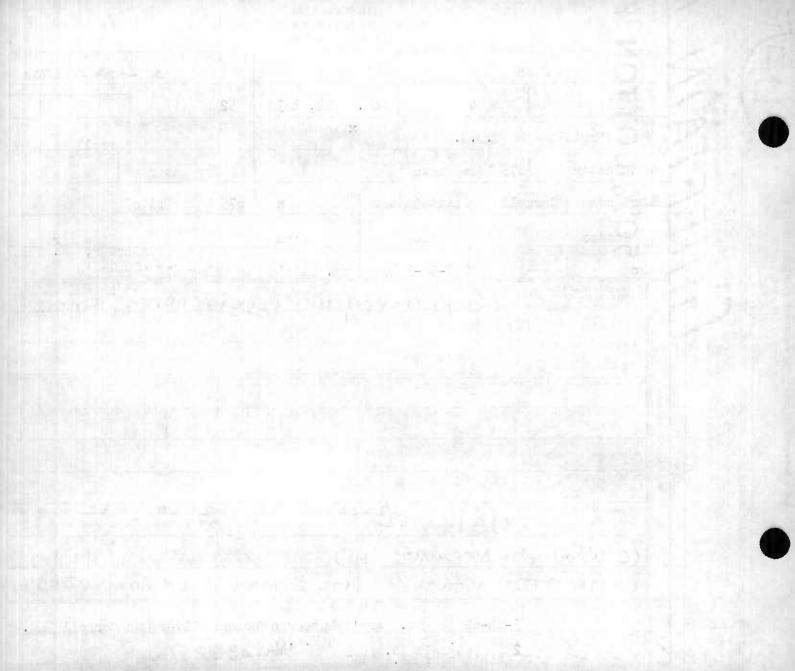
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X			FOR		STATE OF MARYLAND	12 2	17196
14		1	FOR STATE	DEPARTMEN	T OF HEALTH AND MENTAL HY	GIENE -	0 1 0 1 0
/		١,	REGISTRAR	C	ERTIFICATE OF DEATH		
		1.0	CEASED NAME FIRST	MIDDLE		REG. NO.	
4	r 4		E OR PRINT)		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
p	death death		ADA	BELLE (N)	ARREN	3	3 82 530 AM
Jo.	0.0	3. SE			DATE OF BIRTH 1808	6. AGE (IN YEARS LAST BIRTHDAY)	
4	of te		F	3.	MONTH DAY	B. AGE (IN TEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	ect ect		FEMALE (	alle.	11 2A	93 8	RS.
8	9.0	7e^ 8	IRTHPLACE (STATE OR FORSICH TO COUNTRY)	CITIZEN OF WHAT COUNTRY? 8.	4 46	9 BALTIMORE CITY OR COU	
ŧ	35 SE	10		1190	ARRIED NEVERMARRIED		
deo	Sales and American	LL	EGSANT VAILEY		DIVORCED [	CF	RROLL MD
9	diameter.	10, 0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING H	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
- 40	Y30/4307	11	1 portminologo a	(IF NOT IN SUCH FACILITY, GIVE STREET ADDR	1111 1 1 1 1 1	TYPE OF WORK FOR MOST OF WORKI	
20	FEETST		CESTIMINSTER ICH	hekohn Luth. He	41th care cente	* Housewi	te AI HOME
2 2	- commercial	130.	AL RESIDENCE (IF NURSING HOME OR OTHER STATE 136 COUNTY	RINSTITUTION GIVE RESIDENCE BEFORE ADM	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
2 4 5	11 6		MD BAR		YES NO T	3255 Ch	/ / AIII-
Fi Fi	s = s	14 F	ATHER'S NAME	I. DAL	73		estaut AVE
W. T.	d 2	13.1.	FIRST MIDDLE	LE LAST .	15. MOTHER'S MAIDEN NA	WE WIDDLE	LACT
MARYLAND ed within 24	d 6 50 C		EDGIARD	STILLE	e prop F	1 A	Kemana
400	0	16a \	WAS DECEASED EVER IN U.S. ARMED	FORCES? 1166 SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS	Nemper
ex o	Pages Pages Medical		YES, NO OR UNKNOWN)	R OR DATES)		Abortess	
BALTIMORE,	G E		NO NO	215-26-	8189 MARY BAR	WHART HANSV	ER PA.
e A	the the		18 CAUSE OF DEATH (Enter only on	e cause per line for (n) (h) and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, so	phys may vent,		PART I. DEATH WAS CAUSED BY.	and the second of the second o	but a second	V Annis	BETWEEN ONSET AND DEATH
ST	g p non rem		IMMEDIATE CA	AUSE (0)	AUMONOR	7 01445	KMIN
0 4	ark or this		49/-1	DUE TO, OR AS A CONSEQUENCE	V 1		3,77
PRESTON ST	re con, on, om	2	Conditions, if ony, which	DOE TO, OR AS A CONSEQUENCE	UMANIA		
ож Ф	tro tro		gove rise to immediate	(b) / / / /	05-100-5		
	the rem		couse (o), stoting the	DUE TO, OR AS A CONSEQUENCE	OF		
- 0	by ase of the off		underlying couse lost				
201 es th	ple ple , or , or		DART 2 OTHER SIGNIFICANT CONT	DIVIONIS CONTRIBUTADO AS ASSESSED			
JS,	sign hea g ra bu jury,	z	PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
ORC	e Liu	9					
RECORDS,	o bring	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
- E	w see no	Ĕ				IN CE	RTIFYING CAUSES OF DEATH?
T T	icio	RT	al ACCIDENT WAS INTERCOUNTED TO			YES NO	YES NO
> z	thicate I-transit of Hygie n 18 sho			216. TIME OF INJURY HOUR A.M. MONTH DAY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
0 0	ertificial-tr	A	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
SION	ding buri	MEDICAL		21e PLACE OF INJURY	21f LOCATION		
SI	a feet	X.		(AT HOME STREET, FACTORY, OFFICE FARM, I	STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF	off frer ss th h or nrke		AT WORK NOT WHILE		1 1		
	ase se alt		22a. I certify tho (1) this hospital) o	ottended the declased from	7-11/1087	= 12 Nese	ATIO 11 (2) 11 .
ATTEN	OR OR			3/2/83	_, and that in (my (our) apinion	, 10	19, tho (1) (we) lost
A	RECTOR red for of H pt. of H em 21 i		above (i) we (did) (ad not view	w the body ofter death.	, and that in they (sur) apinion	death occurred on the date and	hour and from the causes stated
O.	- de (i) de		226 SIGNATURE	17 11 . 11	DEGREE		22c. DATE SIGNED
	the person in IF I		mr 1	elevel	ATTENDING	MEDICAL STAFF	17/7/87
	× A D D Z		274 PHYSICIAN'S NAME THE OF PRINT	7	PHYSICIAN [	DIRECTOR PHYSICIAN	1)/)/
ITAL			THE LAND THE DESCRIPTION OF SKIN!		22e ADDRESS		
SPITAL	DINE She S			//			7/7/10/-0
HOSPITAL	orned by the FUNERAL ould be deto the State.		THN /BL	11 (1)	104 N. 1	MAIN TI	MIN BRIDGE
TO HOSPITAL	TO FUNERA should be de with the Stat	220 5	JOHN CEL	1168	104 NI	MOIN ST. L	MIN BRIDGE
200	W sho to	23a. E	URIAL, CREMATION, REMOVAL 23b	B. DATE 230 NAMI	OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	MDI
200	TO FUNE should be with the S IMPORTA	230. 8	URIAL, CREMATION, REMOVAL 238 SEFECIFY)	1 0 1 236 NAMI MARG-1982 WIN	OF CEMETERY OR CREMATORY TERS GFM	23d LOCATION CITY OR TOWN	SUIN BRIDGE STATE
305	8P		URIAL, CREMATION, REMOVAL 23BECIFY) SPECIFY UNERAL DIRECTOR	1 ( ) 23¢ NAMI NARG-1982 WIN	OF CEMETERY OR CREMATORY  TERS CEMETERS 1750. DA	NEW WIND	SOR STATE
30 SE	W sho to		BURIAL M	1 ( ) 23c NAMI NARG-1982 WIN MARG-1982 WIN	TERS CEM	NEW WIND.	COUNTY STATE



	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE A	07097
. ns		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST		AONTH DAY YEAR 26 HOUR
18	3 SE	Jo	II II	Wiley  Is DATE OF BIRTH	6. AGE TIN YEARS LAST BIRTH	3-21-82 2300 M
(開)	J 3E	Male	Mite	Feb. 21, 1930	52	MONTHS DAYS HOURS MIN.
11 2	Ja. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
by its lifed will like down the life down th	10 CI	TY OR TOWN OF DEATH		WIDOWED DIVORCED DIVO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Carpent	WORKING LIFE) INDUSTRY
hauld be	13e S	ryland Car	PROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134, CITY OR TOWN 185 TM 1 NS	N 134 INSIDE CITY LIMITS? YES NO A	13 SIREET ADDRESS Lake D	rive
200 0 GC	I4 FA	THER'S NAME FIRST ROSCOE	MIDDLE LAST Wiley	15 MOTHER'S MAIDEN NA FIRST Helen	AME MIDDLE	Spangler .
medical		VAS DECEASED EVER IN U.S. AI			ADDRES	stainster, Ad. 2115/
iction and pers. Pages al. the medic		No	232-34-39	319 Mrs. Olivia	Mae Wiley 67	5 Lake Drive
gned by the ottendi in please remave car buriol, crematian, ar iy, or ather traumati		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE    b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E		MINAL DISEASE OR COND	ITION GIVEN IN PART 1/0
hos been si permit. The ene prior to we any inju	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
em 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART ?)
aith and Me marked ar It	MEDICAL	WHILE OCCURRED  WHILE OF WORK AT WORK	21e. PLACE OF INJURY LATHOME STREET, FACTORY OFFICE, F.	211. LOCATION	CITY OR TOW	N COUNTY STATE
for us of He 21 is		saw the deceased alive ar	oitol) attended the deceosed fram_n 2 20 19 8	2 - 2 2 - , 19 8 2 2 -, and that in (my) (our) opinion	death accurred on the dat	
detoched rate Dept, VT. If Item	-	226 SIGNATURE COMMANDE	elu Nogamis	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
to Funeral I		22d. PHYSICIAN'S NAME (TYPE	ed a nasan	22a ADDDESS		evanimeter HD2115
± 4 3 ₹ 4 4 1	23o 8	URIAL, CREMATION, REMOVAL	236 DATE 236 N 3=24-82 St.	Mary's Lutneran	23d LOCATION CITY OF TOWN	COUNTY STATE
16 50M 1/81 (A 15, 4)	24.11	NERAL DIRECTOR	Thomas D. Fleto 254 Fast larks			Sh REGISTRAR'S SIGNATURE



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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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ADDRESS

Westninster, Md. 211

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH-16 25M

(VRA 15, 4) 1/79

